NATURE AND CLASSIFICATION OF THE SO-CALLED PSYCHOSOMATIC PHENOMENA

BY OTTO FENICHEL, M.D. (LOS ANGELES)

Not long ago, in a paper published in Psychiatry,[1] Judah Marmor asserted—as an argument against Freud's instinct theory—that it can be proved that the goals and characteristics of a child's impulsive strivings are formed through the influence of experience stemming from environmental factors. That this fact would contradict Freud's theories is absurd. The demonstration of the ways in which experience forms desires and fears in a child's mind is the very essence of Freud's psychoanalytic method. The misunderstanding is based partly on a terminological error. Freud's concept of *Trieb* does not include the idea of absolute unchangeability and rigidity—otherwise he could not have examined the *Triebschicksale*[2]—but the English word 'instinct' does carry these implications. The error, of course, was not only one of mistranslation. So-called 'culturalism' generally misjudged Freud when it considered him solely 'biologically oriented'. Other authors of like bias, while correctly stressing the fact that social institutions shape the character structure of the people living under them, have given little or no consideration to the nature of the raw material out of which character structures are formed.[3] This shaping is done through gratifications and frustrations of relatively uniform biological needs,

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[1] Marmor, Judah: *The Rôle of Instinct in Human Behavior.* Psychiatry, V, 1942, pp. 509–516.

[2] Freud: *Instincts and Their Vicissitudes.* Coll. Papers, IV.

[3] This was shown in Zilboorg, Gregory: *Psychology and Culture.* This QUARTERLY, XI, 1942, pp. 1–16.

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through the blocking of certain reactions to gratifications and frustrations and through the favoring of others. In short, it has been forgotten that man is an animal, a biological unit, and that 'the influence of experience' signifies the shaping of biological needs.

It can of course be admitted that such one-sidedness was a reaction to the opposite extreme, to a 'biologizing' of psychoanalysis which denied that neuroses are social evils and maintained that they are due to the unfortunate fact that nature has given man an id and an ego which may come in conflict. We have even seen attempts to explain the institution of the family on the basis of man's œdipus complex, instead of accounting for the œdipus complex through the institution of the family. This, however, does not alter the fact that 'culturalism' was one-sided.

Coming after the predominance of 'culturalism', the 'psychosomatic' tendency in psychoanalytic theory seems almost a relief. We are again reminded of the fact that the mind is never independent of physical-chemical processes and that emotions as well as instinctual gratifications and frustrations do not consist of mere 'thoughts' but—as Freud has explained in his Three Contributions [4]—of physical alterations. It is true that under the heading 'psychosomatics' new resistances to psychoanalysis are again developing—a circumstance to be discussed later. In general, however, the stressing of the connections between physiological processes on the one hand and the structure of personality and neuroses on the other, combined with research in this direction, must be welcome to every follower of Freud, just as they were welcome to Freud himself, who described analytic theory as a superstructure which will one day have to be set on a physiological basis.

Approaching the question of psychosomatics from the point of view of psychoanalytic theory, I must first admit that I cannot present any new research findings. A short time ago it was

[4] Freud: *Three Contributions to the Theory of Sex.* New York: Nerv. and Ment. Dis. Pub. Co., 1910.

stated in the journal, Psychosomatic Medicine, that 'Psychosomatic medicine is in the limelight at present. Its importance is daily being better understood. However, the pictures presented are still indistinct and the part played by psychic factors lacks definition. Better focusing and clearer ideas as to sequence and serial arrangements of events are desirable.' [5]

This, I think, is correct. The nature and classification of psychosomatics need clarification. My task is the ordering of well-known phenomena, not the description of new ones, and even in my attempt at classification I am not, of course, entirely original. What I intend to give is rather a classified summary using all the research findings up to the present time. To anyone who knows this literature it will be clear that Alexander has frequently expressed very similar thoughts, but that there are also decisive differences between Alexander's position and mine.[6]

First of all, the word 'so-called' in the title of this paper needs an explanation—and even here I am not original. I do not like the expression 'psychosomatic' because it suggests a dualism which does not exist. Every disease is 'psychosomatic', for no 'somatic' disease is entirely free from 'psychic' influence. Not only resistance to infection but all vital functions are continually influenced by the mental state of the organism and the most 'psychic' conversion may be based on a 'physical' compliance. Even an accident may occur for psychogenic reasons. Thus when we say that between the realm of organic disease arising from purely physical and chemical causes, and the field of conversion, there lies a large field of problematic functional

[5] Roundtree, Leonard G.: *Psychosomatic Disorders as Revealed by Thirteen Million Examinations of Selective Service Registrants.* Psychosomatic Med., VII, 1945, p. 30.

[6] *Cf.* Alexander, Franz: *The Medical Value of Psychoanalysis.* New York: W. W. Norton & Co., 1932. *Functional Disturbances of Psychogenic Nature.* J.A.M.A., C, 1933. *Addenda to 'The Medical Value of Psychoanalysis'.* This QUARTERLY, V, 1936. *Psychological Aspects of Medicine.* Psychosomatic Med., I, 1939. *Fundamental Concepts of Psychosomatic Research: Psychogenesis, Conversion, Specificity.* Psychosomatic Med., V, 1943.

and even anatomical alterations, all three fields are, for all that, 'psychosomatic'. It is the in-between field, however, which we want to study.

Psychoanalysis is generally looked upon as one approach through which these in-between phenomena can be examined—one among many possible approaches. Analysts, however, think differently. When we consider psychoanalysis as a therapy, we gladly concede that it would not be indicated in all types of psychosomatic disorders; in some of them it is expressly contraindicated. Psychoanalysis as a theory, however, is for us the theory of the dynamics governing the human organism. If the theory is correct it is the *only* means of explaining what actually takes place. It is not one possibility of explanation among many; where psychoanalytic theory fails to provide an explanation, there is no explanation yet at hand.

The field to be studied is bounded on one side by purely organic diseases and on the other by conversions. We may assume that what is meant by organic disease is self-explanatory, but the concept of 'conversion' needs perhaps a little comment because too frequently everything that is psychogenic is incorrectly designated 'conversion'. In hysteria, functional changes occur within the body which are distorted expressions of wishful thoughts and fantasies. They represent returning repressed instinctual impulses. These symptoms can be interpreted like dreams; the functional changes can be retranslated from their body language into the verbal language of the basic wishful thoughts and fancies. Vomiting may mean, 'I am pregnant'; a convulsion, 'I have an orgasm'; blindness, 'I do not wish to see'; an abasia, 'I want to go to forbidden places and in order to avoid doing so I do not go anywhere'; or the opposite, 'I refuse to go because staying where I am has a hidden sexual significance for me', or even 'because the function of walking as such ['stamping one's feet on Mother Earth', as Freud said [7]] has a hidden sexual significance'.

[7] Freud: *The Problem of Anxiety*. New York: Psychoanalytic Quarterly Press and W. W. Norton & Co., 1936.

Not all somatic changes of a psychogenic nature are of this kind. Unconscious instinctual attitudes may influence organic functions in a physiological way without the changes having any definite psychic *meaning*. This difference was defined long ago by Freud in his paper on psychogenic disturbances of vision in which he says:

> 'Psychoanalysis is fully prepared to grant, indeed to postulate, that not every functional visual disturbance is necessarily psychogenic. . . . When an organ which serves two purposes overplays its erotogenic part, it is generally to be expected that this will not occur without alterations in its response to stimulation and in innervation, which will be manifested as disturbances of the organ in its function as servant of the ego. And indeed, when we observe an organ which ordinarily serves the purpose of sensorial perception presenting as a result of the exaggeration of its erotogenic rôle precisely the behavior of a genital, we shall even expect that there are toxic modifications as well in that organ. For both kinds of functional disturbances . . . we are obliged to retain, for want of a better, the time-honored, inapposite name of neurotic disturbances. Neurotic disturbances of vision are related to psychogenic as, in general, are the actual neuroses to the psychoneuroses; psychogenic visual disturbances can hardly occur without neurotic disturbances, though the latter surely can without the former. Unfortunately, these neurotic symptoms are as yet little appreciated and understood, for they are not directly accessible to psychoanalysis.' [8]

The sentences quoted are of basic importance, although the terminology is rather confusing. There are two categories of functional disturbances. One of them is physical in nature and consists of physiological changes caused by the inappropriate use of the function in question. The other has a specific unconscious meaning, is an expression of a fantasy in a 'body language', and is directly accessible to psychoanalysis just as is a dream. Freud calls both categories 'neurotic' and does not

[8] Freud: *Psychogenic Visual Disturbances According to Psychoanalytical Conceptions.* Coll. Papers, II.

suggest any special term for the first category, whereas the second category he calls 'psychogenic'. This is rather confusing because any misuse of an organ is 'psychogenic' too. The second category is, of course, 'conversion'. The first has frequently been called 'organ-neurotic', lately, 'psychosomatic'.

Alexander, who is to be credited with having constantly stressed and clarified this difference, attempted to simplify matters by stating that conversion symptoms occur regularly in the realm of skeletal muscles, whereas psychogenic vegetative disturbances would be of the other category.[9] Unfortunately, things are not as simple as that. Both types of symptoms occur in both realms. No one who has ever analyzed a hysterical vomiting or a disturbance of menstruation, for instance, can doubt their function of expressing the idea 'I am pregnant' and thus being of the nature of a conversion. Nonconversion 'organ-neurotic' disturbances in the functions of skeletal muscles will be taken up later.

The above quotation from Freud contains the key to a classification of organ-neurotic or psychosomatic phenomena. These sentences actually allude to two different things. Functional changes due to what Freud calls 'toxic' influences, that is, to changes in the chemistry of the unsatisfied and dammed-up individual, are not necessarily identical with changes caused by an unconscious use of these functions for a libidinal purpose. Moreover, a third and simpler possibility must first be considered, that of 'affect equivalents', in which the physical expressions of an affect are experienced even though the individual succeeds in warding off the recognition of their significance. Thus we propose to distinguish four classes of organ-neurotic symptoms: (1) affect equivalents; (2) results of changes in the chemistry of the unsatisfied and dammed-up person (expressions of 'unconscious affects'); (3) physical results of unconscious attitudes or of unconsciously determined behavior patterns; (4) all kinds of combinations of these three possibilities.

[9] Alexander, Franz: *Op. cit.*

Affect Equivalents

All affects (archaic discharge syndromes which replace voluntary actions) are carried out by motor or secretory means. The specific physical expressions of any given affect may occur without the corresponding specific mental experiences, that is, without the person being aware of their affective significance. This blocking of awareness is the simplest form of defense against affects. Freud collated 'anxiety equivalents' in his earliest paper on anxiety neurosis;[10] Landauer collated 'equivalents of mourning'.[11] Sexual excitement as well as anxiety may be supplanted by sensations in the intestinal, respiratory or circulatory apparatus. A certain percentage of what are called 'organ neuroses' are actually affect equivalents. In particular, so-called 'cardiac neuroses' (which may also be conversion hysterias) are frequently anxiety equivalents. The same holds true for those vegetative neuroses which occur when the relative rigidity of a compulsion neurotic or a reactive neurotic character is disturbed.

There are also 'subjective affect equivalents'. Once an emotion has become associated in childhood with a certain physical attitude, this attitude may be used in later life as a distorted expression of the emotion in question.[12]

The fact that affect equivalents have a diminished discharge value as compared with fully experienced affects may result in the affective attitude becoming chronic (Freud and Breuer called it 'strangulated affects').[13] Symptoms created by chronic affective attitudes without adequate discharge may cease to be pure affect equivalents and actually belong rather in the following (second) category.

[10] Freud: *On the Right to Separate from Neurasthenia a Definite Symptom Complex as 'Anxiety Neurosis'.* Coll. Papers, I.

[11] Landauer, Karl: *Äquivalente der Trauer.* Int. Ztschr. f. Psa., XI, 1925.

[12] Deutsch, Felix: *The Choice of Organ in Organ Neurosis.* Int. J. Psa., XX, 1939.

[13] Breuer, Josef and Freud: *Studies in Hysteria.* Trans. A. A. Brill. New York: Nerv. & Ment. Dis. Monograph Series No. 61, 1936.

The Disturbed Chemistry of the Unsatisfied Person

The very terms which we use to describe the events at the basis of the neuroses, like 'source of an instinct', 'satisfaction', 'frustration', 'state of being dammed-up', refer of course to chemical as well as to nervous alterations. It is the hormonal state of the organism which is the source of its instinctual demands. The way in which external stimuli are perceived and reacted to depends upon the hormonal state, and the instinctual action which brings about the cessation of the drive does so by altering the disturbing chemical condition. The omission of such action, whether determined by external circumstances or, as in the neuroses, by internal inhibitions, necessarily interferes with the natural chemistry of the processes of excitation and gratification.

Here we must, first of all, remember Freud's concept of 'actual neurotic' symptoms.[14] When a neurotic conflict is established, the relative insufficiency of the controlling ego in the state of being dammed-up manifests itself in certain symptoms. The decrease in discharge resulting from the neurotic conflict creates a condition which is identical with that brought about by the heightened influx of stimuli from a trauma. There are negative symptoms, consisting of general inhibitions of ego functions, traceable to a decrease in available energy due to the consumption of energy in the defensive struggle. There are positive symptoms, consisting of painful feelings of tension as well as of emergency discharges including outbursts of anxiety and rage which represent attempts to get rid of the tension.

The negative symptoms are less interesting from the standpoint of 'psychosomatics'. It will suffice to say that any defensive mechanism using countercathexis necessarily creates a certain impoverishment of the personality, the awareness of which constitutes a portion of the well-known inferiority feelings of neurotics.

[14] Freud: *A General Introduction to Psychoanalysis.* New York: Boni & Liveright, 1920.

The positive symptoms are more interesting. The neurotic, engaged in an acute inner defense struggle, becomes restless and agitated. He feels that he needs some change but does not know what it should be. He develops emergency discharges such as apparently unmotivated emotional attacks, chiefly anxiety spells. These positive actual neurotic symptoms, representing vegetative 'nevertheless discharges' after other avenues of discharge have been blocked, are the simplest example of the organic alterations under discussion. Where the instinctual need is not adequately satisfied, the chemical alteration connected with the gratification of the drive is lacking and disturbances in the chemistry of the organism result. Undischarged excitement results in an abnormal quality and quantity of hormones and thus in alterations in physiological functions.

Whereas 'actual neurotic' symptoms are generally unspecific expressions of the state of being dammed-up, symptoms due to the changed chemistry of a person with a disturbed instinctual economy may also be of a more specific nature. Furthermore, other intermediary factors may be interpolated between the original drive and the final symptoms.

Those states which have been called 'unconscious affects' are of special importance in this connection. In affect equivalents the mental content of an affect has been warded off, whereas the physical concomitants of the affect do take place. But there are also states in which even the physical discharge is warded off. This may be achieved by various defense mechanisms which I once tried to tabulate.

As everybody knows a 'latent rage' or a 'latent anxiety' is a state in which neither rage nor anxiety is felt but where there is a readiness to react with exaggerated rage or exaggerated anxiety to stimuli which would normally provoke a slight response of rage or anxiety. Certainly the qualities of feelings come into being only by their being felt, but there are states of tension in the organism which, were they not hindered in their discharge and development, would result in specific emotions. These are unconscious 'dis-

positions' toward these emotions, unconscious 'readinesses for affects', strivings for their development, which are held in check by opposing forces even while the individual is unaware of such a readiness. 'Unconscious anxiety' and 'unconscious sexual excitement' in this sense are paramount in the psychology of the neuroses. The unconscious dispositions towards affects are not theoretical constructions but may be observed clinically by the same methods by which unconscious ideas may be observed: they, too, develop 'derivatives', betray themselves in dreams, symptoms and other substitute formations, through the rigidity of the opposing behavior or merely by general weariness.[15]

In considering the relationship between actual neuroses and psychoneurosis, we may add that theoretically all psychoneuroses could be described as a subcategory of symptoms due to the disturbed chemistry of the dammed-up individual. Freud always stressed the fact that all neuroses would turn out in the last analysis to be organic diseases. However, this organic basis of the average psychoneurosis is entirely hypothetical, whereas certain physical symptoms of 'unconscious' or 'strangulated' affects are now accessible to research. 'Unconscious affects' apparently cause quantitatively and qualitatively different hormonal secretions and in this way influence the vegetative nervous system and the physical functions. Alexander is of the opinion that the difference in the hormonal state in conscious and in unconscious affects is due only to the chronicity of the so-called unconscious affective attitudes. It is more probable, however, that the physical concomitants of unconscious affects are also qualitatively different from those of conscious ones. It is even possible that these secretions may be as specific as the physical syndromes of conscious affects, but this has as yet been insufficiently investigated.

Physical Results of Unconscious Attitudes

The behavior of a person is continually influenced by his

[15] *Cf.* Freud: *The Ego and the Id.* London: Institute of Psycho-Analysis and Hogarth Press, 1927.

conscious and unconscious instinctual needs. Whereas the oscillations of conscious drives are automatically regulated through instinctual actions, unconscious warded-off impulses which cannot find an adequate outlet but seek again and again to find discharge and to produce derivatives have less obvious and more lasting effects. Continued or repeated attempts at substitute outlets may eventually produce physical alterations.

Simple examples of this kind were given by French [16] and Saul.[17] Habitual forced clearing of the throat, kept up over weeks and months, has a drying effect upon the throat and may eventually result in a pharyngitis. The habit of sleeping with the mouth open also dries the throat and may cause a pharyngitis. Both habits may at times have organic causes; at other times they are certainly an expression of unconscious wishes. There are many kinds of behavior which may induce common colds.

To summarize: an unusual attitude which is rooted in unconscious instinctual conflicts causes a certain behavior. This behavior in turn causes somatic changes in the tissues. The changes are not directly psychogenic but the person's behavior which initiated the changes was psychogenic; the attitude was intended to relieve the internal pressure; the somatic symptom which was the consequence of the attitude was not sought by the person either consciously or unconsciously.

A good example of an organ neurosis psychoanalytically understood as the physical result of an unconscious attitude is peptic ulcer as seen through the research of the Chicago Institute for Psychoanalysis.[18] People with a chronically frustrated oral-receptive demanding attitude, who repress this atti-

[16] French, Thomas M.: *Physiology of Behavior and Choice of Neurosis.* This QUARTERLY, X, 1941. *Some Psychoanalytic Applications of the Psychological Field Concept.* This QUARTERLY, XI, 1942.

[17] Saul, Leon J.: *A Note on the Psychogenesis of Organic Symptoms.* This QUARTERLY, IV, 1935. *Psychogenic Factors in the Etiology of the Common Cold.* Int. J. Psa., XIX, 1938. *A Clinical Note on a Mechanism of Psychogenic Back Pain.* Psychosomatic Med., III, 1941.

[18] Alexander, Franz, et al.: *The Influence of Psychological Factors upon Gastro-intestinal Disturbances.* This QUARTERLY, III, 1934.

tude and often manifest very active behavior of the reaction-formation type, are, unconsciously, permanently 'hungry for love'. It would be more exact to state that they are 'hungry for necessary narcissistic supplies'—the word 'hungry' to be taken literally. Their permanent hunger makes them act like an actually hungry person. The mucous membrane of the stomach begins to secrete just as does that of a person who anticipates food, the secretion having no other specific psychic meaning. This chronic hypersecretion is the more immediate cause of the ulcer. The ulcer is the incidental physiological consequence of a psychogenic attitude; it is not a distorted satisfaction of a repressed instinct.

It may be asked whether this etiology is valid for all cases of ulcer. It is possible that the functional changes which in some cases are brought about by repressed oral eroticism may in others be determined by purely somatic causes.

Belonging to the same category are certain functional changes in the striated muscles which are not conversions (and therefore contradict Alexander's idea that all disturbances in the muscular functions are conversions, whereas disturbances in the vegetative functions are organ neuroses). I described these changes in 1927,[19] and because not much attention has been paid to them since I shall say a few words about them here.

Pathogenic defenses generally aim at barring the warded-off impulses from motility (the barring from consciousness is only a means of achieving this). Thus pathogenic defense always means the blocking of certain movements. This inhibition of movement indicates a partial weakening of the conscious ego's mastery of motility. The struggle of the defense is reflected in functional disturbances of the voluntary muscle system. When people with localized or general muscular spasms that hinder their motility try to relax their spastic muscles, they are either totally unable to do so or they may develop emo-

[19] Fenichel, Otto: *Über organlibidinöse Erscheinungen der Triebabwehr.* Int. Ztschr. f. Psa., XIV, 1928.

tional states as do patients in a psychocathartic treatment when their thoughts approach their 'complexes'. This shows that the spasm was a means of keeping the repressed in repression. Observation of a patient during an *acute* struggle over repression likewise demonstrates this. A patient in psychoanalysis who can no longer avoid seeing that an interpretation is correct but nevertheless tries to, frequently shows a cramping of his entire muscular system or of certain parts of it. It is as if he wanted to counterpoise an external muscular pressure to the internal pressure of the repressed impulses seeking an outlet in motility.

The muscular expression of an instinctual conflict is not always a hypertonic one. Hypotonic, lax, flabby muscular attitudes also block or hinder muscular readiness. Hyper- and hypotonic states may alternate and therefore the whole field is better designated as 'psychogenic dystonia'.

Dystonia and intensity of repression are not necessarily proportionate to each other. Not only the question whether and to what extent mental conflicts find expression in alterations of muscular function, but also the type and location of these alterations is very different in individual cases. The location of the symptoms depends on physiological as well as psychological factors. One of these factors is easily recognizable; it is the specificity of the defense mechanism used. In the case of compulsion neurotics the mechanism of displacement of spasms of the sphincters will play a more important part; in hysterics the blocking of inner perceptions will be more predominant.

Spasms paralyzing skeletal muscles are one of the physical signs of anxiety; they may appear as an anxiety equivalent. Not only fear but also spite and, in particular, suppressed rage may be physically expressed as muscular spasm.

Psychogenic dystonia seems to be decisive in certain 'organ-neurotic' gynecological conditions in which a hypotonus of the pelvic muscles may have unfavorable consequences which

were not unconsciously intended as such.[20] Psychogenic dystonia may also be the decisive etiological factor in conditions like torticollis.[21]

It is very interesting that these disturbances of muscular functions are mainly coördinated with disturbances of inner sensitivity and of body feeling.

A continuous misuse of the muscles for neurotic spasms has necessarily a tiring effect. Actually the fatigue characteristic of so many neurotic states is probably due to the dystonic innervation of muscles. This fatigue is most outspoken in cases of inhibited aggressiveness; often it can be directly called an equivalent of depression. In this connection, if we were to try to discuss the problems of the psychodynamics of rheumatic muscular disorders—which are not at all clear as yet—we would probably see that they are not due to specific unconscious attitudes but rather to a combination of alterations through attitudes and through 'changed chemistry'. And this is true of most of the organic disturbances of a psychogenic nature.

Combinations

The three categories of organ-neurotic symptoms, viz., affect equivalents, physical expressions of a disturbed chemistry and physical expressions of unconscious attitudes, appear as a rule in a combined form. Often the symptoms remain limited to a given organ or a system of organs, the choice depending primarily on physical and constitutional factors, but also on all the other factors which may determine the somatic compliance also in the case of conversion symptoms. Briefly the choice of organ depends upon the following factors: (1) the nature

20 Eisler, Michael Joseph: *Uterine Phenomena in Hysteria.* Int. J. Psa., IV, 1923; Jones, Ernest: *Psychology and Childbirth.* Lancet, CCXLII, 1942; Menninger, Karl A.: *Emotional Factors in Organic Gynecological Conditions.* Bulletin of the Menninger Clinic, VII, 1943; Rickman, John: *A Psychological Factor in the Ætiology of Descensus Uteri, Laceration of the Perineum and Vaginism.* Int. J. Psa., VII, 1926.

21 Westerman-Holstijn, A. J.: *From the Analysis of a Patient with Cramp of the Spinal Accessory.* Int. J. Psa., III, 1922.

of the instinctual demands which are warded off, (2) fixations due to the earlier experiences of the individual, (3) the ability of the organs in question to express certain needs symbolically, (4) which organs had just been used or were specifically cathected at the moment when the decisive repression occurred, (5) the previous *physical* history of the individual. A discussion of the various organ systems one after the other will best illustrate the combination type of psychosomatic symptoms.

The hormonal vegetative system cannot be simply classified as one of the various organ systems for it is through hormonal vegetative pathways that the greater part of functional disturbances in the other systems is created; the symptoms due to 'distorted chemistry' are exclusively determined in this way. Of course, unconscious attitudes may also influence the hormonal functions. Such desires as an unconscious identification with the opposite sex may have the same kind of influence on the production of hormones as an unconscious oral desire has on the production of gastric juice in cases of peptic ulcer.

Pregenital fixations not only produce certain unconscious attitudes but necessarily also change the hormonal state of the individual. However, not all orally fixated patients become either obese or extremely thin. This probably happens when an oral fixation coincides with a certain hormonal constitution.

Wulff has described a psychoneurosis, not infrequent in women, which is related to hysteria, cyclothymia and addiction.[22] It is characterized by the individual's fight against her sexuality which, through previous repression, has become especially greedy and insatiable. This sexuality is pregenitally oriented and sexual satisfaction is perceived as a 'dirty meal'. Periods of depression in which the patients stuff themselves (or drink) and feel 'fat', 'bloated', 'dirty', 'untidy' or 'pregnant', while at the same time keeping their surroundings untidy too, alternate with 'good' periods in which they behave ascetically, feel slim, and conduct themselves either normally or in a some-

[22] Wulff, M.: *Über einen interessanten oralen Symptomenkomplex und seine Beziehung zur Sucht.* Int. Ztschr. f. Psa., XVIII, 1932.

what elated manner. The body feeling in the 'fat' periods turns out to be a repetition of the way the girl felt at puberty before her first menstruation, and the spells often actually coincide with the premenstrual period. The menstrual flow then usually brings a feeling of relief: 'The fat-making dirt is pouring out; now I am slim again and will be a good girl and not eat too much'. The alternating feelings of ugliness and beauty connected with these periods show that exhibitionistic conflicts are also of basic importance in this syndrome. Psychoanalysis discloses that the unconscious content is a precœdipal mother conflict which may be covered by an oral-sadistic œdipus complex. The patients have an intense unconscious hatred toward their mothers and against femininity. To be fat means getting breasts; being uncontrolled, incontinent or pregnant. The urge to eat has the unconscious aim of incorporating something which may relax the disagreeable inner 'feminine' tension. Eating means a reincorporation of the object whose loss has caused the patient to feel hungry, constipated, castrated, feminine, fat. Thus, food means milk, penis, child and narcissistic supplies which soothe anxieties. The exhibitionistic behavior signifies a tendency to compel the giving of these supplies and also the fear of not getting them because of repulsive ugliness. The depression signifies the recurrent failure to regain the lost stability, a failure that occurs because of the forbidden oral-sadistic means by which this reëstablishment is attempted. The ascetic periods, by pacifying the superego, achieve a greater degree of relaxation.

In some cases this neurosis is nothing but a kind of food addiction. In others, however, not only body feelings but actual body changes dominate the picture. Certain cases of obesity, especially of cyclical obesity, correspond in structure with Wulff's description.[23]

Vegetative alterations in the gastrointestinal, respiratory and circulatory systems are also mostly combinations of the three

[23] Bruch, Hilde: *Obesity in Childhood and Personality Development.* Amer. J. of Orthopsychiatry, XI, 1941.

categories of organ-neurotic symptoms. It is easily understandable that a colitis may be brought about by unconscious anal impulses which are continuously effective. It may be the result of the organism being chronically under eliminative and retentive pressure, just as an ulcer may be the result of a chronic receptive pressure. The conflict between eliminative and retentive tendencies may itself be determined in different ways. It may represent a simple conflict between (anal) sexual excitement and fear; or the fæces may represent introjected objects which the person wishes to preserve as well as to eliminate.

Children who like to postpone defæcation (either for the sake of retention pleasure or because of fear) later often develop 'obstipation'. The retention, which was once voluntary, has become an 'organ-neurotic' symptom. The prolonged continuance of an 'obstipation' must influence the smooth muscles of the intestinal tract. A spastic colon, that is, a readiness to react to various stimuli with constipation or diarrhœa, is either an anxiety equivalent or a sign of the patient's fixation on the anal phase of his libidinal development. No matter what stimulus started the excitation, the execution is an intestinal one. It may also be a symptom of a continuous and repressed aggressiveness, sometimes as a revenge for oral frustrations. In a deeper layer, then, diarrhœa may express generosity or it may reflect fantasies concerning internalized objects.

In actual neurotic states, constipation is one of the characteristic symptoms. Retention generally characterizes the state of being dammed-up, and retention symptoms are frequent among organ-neurotic symptoms in general. However, organ-neurotic symptoms are also 'emergency discharges'. Some symptoms are compromises between retention and elimination. Certain types of pathological defæcation betray a castration anxiety displaced to the anal sphere.

Breathing, like other muscular functions, has its characteristic dystonia. Variations of respiratory rhythm, especially transitory cessations of breathing, and variable and irregular participation of the individual parts of the thorax in the act

of breathing, are the ways in which continuous small psychological alterations exert their influence on the process of respiration. These phenomena become particularly evident when a new action or motion is initiated, and whenever there is any change in direction of attention. The intimate connection between anxiety and respiration makes it probable that these constant variations in the respiratory function express slight degrees of anxiety. The 'normal' respiratory dystonia may be considered an anxiety signal of low intensity. It is as if the ego were cautiously testing the path whenever a new thing is perceived, a new action undertaken, or attention redirected—wondering, so to speak, whether or not it should be afraid.

The rôle played by respiratory sensations in anxiety explains the fact that to a certain extent every anxiety is felt as a kind of suffocation. Therefore, neurotic anxiety manifesting itself in respiratory symptoms is not necessarily a sign that the warded-off impulses concern respiratory eroticism. The reverse, rather, may be true: respiration may acquire an erotic quality only after and because anxiety has become connected with sexual excitement. However, the respiratory function may also become 'sexualized' and fantasies of a 'respiratory introjection'[24] may form the basis of complicating conversion mechanisms.

It is well known that in bronchial asthma it is particularly a passive-receptive longing for the mother which is expressed in pathological changes of the breathing function. The asthmatic seizure is, first of all, an anxiety equivalent. It is a cry for help directed toward the mother whom the patient tries to introject by respiration in order to be permanently protected. This intended incorporation as well as the instinctual dangers against which it is directed are characteristically of a pregenital, especially anal, nature; in fact, the whole character of the typical asthma patient shows pregenital features. It must be added that in asthma, conversion mechanisms as well

[24] Fenichel, Otto: *Über respiratorische Introjektion.* Int. Ztschr. f. Psa., XVII, 1931.

as purely somatic factors of an allergic nature likewise play a rôle.[25]

Rage and sexual excitation as well as anxiety manifest themselves physiologically in functional circulatory alterations. The heart is considered the organ of love, the heart beats fast in rage and fear, the heart is heavy if one feels sad. Vagotonic and sympathicotonic reactions are the very essence of the physical components of affect syndromes. These components may always serve as affect equivalents if a person wards off awareness of his emotions. Any kind of 'unconscious emotion' may express itself in acceleration of the pulse.

However, certain personalities are apparently especially predisposed to the development of just this type of expression. Whereas sexual excitement may certainly disguise itself as palpitation, a chronic irritability of heart and circulatory system is more typically due to aggressiveness and retaliatory fear of aggressiveness. Characteristically, such patients suffer from an inhibited hate toward the parent of the same sex and simultaneously from a fear of losing parental love should this hate be openly expressed. The fear of being abandoned, carried over from infantile experiences, takes the form of a fear of death. An identification with a cardiac sufferer in the patient's environment is frequently in the foreground, especially if the patient has wished for the death of this person and now fears retaliation. Attacks are frequently precipitated when circumstances necessitate competition with the parent of the same sex; the patient then tries unconsciously to escape into a passive-dependent attitude.[26]

[25] *Cf.* French, Thomas M. and Alexander, Franz: *Psychogenic Factors in Bronchial Asthma.* Psychosomatic Med. Monographs, II, 1939, and IV, 1941.

[26] *Cf.* for example Dunn, William H.: *Emotional Factors in Neurocirculatory Asthenia.* Psychosomatic Med., IV, 1942; Menninger, Karl A. and Menninger, William C.: *Psychoanalytic Observations in Cardiac Disorders.* Amer. Heart J., XI, 1936; Miller, Milton L. and McLean, Helen V.: *The Status of the Emotions in Palpitations and Extrasystoles with a Note on 'Effort Syndrome'.* This QUARTERLY, X, 1941; Weiss, Edward: *Neurocirculatory Asthenia.* Psychosomatic Med., V, 1943; Wittkower, Erich: *The Psychological Factor in Cardiac Pain.* Lancet, CCXXXIII, 1937.

There seems to be a correspondence between the fact that people who entirely block external discharge of their emotions are more disposed toward reaction within the circulatory system, and the fact that the circulatory system is closed and not capable of intake or discharge.

General vasomotor reactions such as blushing, turning pale, fainting and dizzy spells are very common in neuroses. This is due to the fact that vasomotor expressions are in the foreground of the physical manifestations of all affects and that vasomotor reactions are ready channels for emergency discharge whenever muscular discharge is blocked.

Vasomotor alterations, probably in combination with certain dystonic muscular phenomena, are also the cause of the majority of nervous headaches. The physiology of nervous headaches still presents many unsolved problems. Psychologically it is important to distinguish actual neurotic headaches expressing a state of inner tension, organ-neurotic headaches due to a more specific behavior caused by an unconscious conflict (for example, specific muscular tensions during sleep), and conversion headaches (such as those expressing pregnancy fantasies).

Even in cases where it is not yet known by exactly which physiological pathways an organ-neurotic symptom has been brought about, it is possible to see what the underlying psychological attitude is. An example of this is essential hypertension which has recently been made the subject of psychoanalytic research, first at the Chicago Institute for Psychoanalysis,[27] later by other authors.[28] Cases of essential hypertension are characterized by an extreme, unconscious instinct tension, a general readiness to aggressiveness as well as a passive-receptive longing

[27] Alexander, Franz: *Emotional Factors in Essential Hypertension.* Psychosomatic Med., I, 1939. Saul, Leon J.: *Hostility in Cases of Essential Hypertension.* Psychosomatic Med., I, 1939.

[28] Hill, Lewis B.: *A Psychoanalytic Observation on Essential Hypertension.* Psa. Rev., XXII, 1935; Menninger, Karl A.: *Emotional Factors in Hypertension.* Bulletin of the Menninger Clinic, II, 1938; Schwartz, Louis Adrian: *An Analyzed Case of Essential Hypertension.* Psychosomatic Med., II, 1940; Weiss, Edward: *Cardiovascular Lesions of Probable Psychosomatic Origin in Arterial Hypertension.* Psychosomatic Med., II, 1940.

to get rid of the aggressiveness. Both tendencies are absolutely unconscious and are effective in people who seem superficially to be very calm and permit themselves no outlets for their impulses. This unrealized inner tension probably becomes effective through hormonal influence via vasomotor responses and the kidneys; further physiological research is needed to show exactly in which ways.

For physiological reasons, skin manifestations often become expressions of irritations in the endocrine-vegetative system. The simple symptom of nervous sweating and the symptom of dermography are examples of the general vegetative irritability of the skin in response to conscious and unconscious emotional stimuli. These symptoms may be chronic as a sign of the patient's state of inner tension, or they may appear as temporary symptoms during actual neuroses, or they may appear in the form of 'spells' whenever an event touches upon unconscious conflicts, or they may have become elaborated into conversion symptoms.[29] There is no doubt that cutaneous irritability reflects vasomotor instability.

The tendency of the skin to be influenced by vasomotor reactions, which in their turn are evoked by unconscious impulses, has to be understood from the point of view of the general physiological functions of the skin.[30] Four characteristics of the skin as the external cover of the organism, representing the boundary between it and the external world, are of general importance:

The skin as the covering layer has, first of all, a general protecting function. It examines incoming stimuli and, if necessary, blunts them or even wards them off. For the purpose of applying the same protective measures against internal

[29] Gillespie, R. D.: *Psychological Aspects of Skin Diseases.* Brit. J. Dermatology, L, 1938; O'Donovan, W. J.: *Dermatological Neuroses.* London: Kegan Paul, Trench, Trubner & Co., 1927; Schilder, Paul: *Remarks on the Psychophysiology of the Skin.* Psa. Rev., XXIII, 1936; Stokes, John H.: *Masochism and Other Sex Complexes in the Background of Neurogenous Dermatitis.* Arch. Derm. Syph., XXII, 1930.

[30] Barinbaum, Moses: *Zum Problem des psychophysischen Zusammenhanges mit besonderer Berücksichtigung der Dermatologie.* Int. Ztschr. f. Psa., XX, 1934.

stimuli, the organism has a general tendency to treat disturbing internal stimuli as if they were external ones.

Second, the skin is an important erogenous zone. If the drive to use it as such is repressed, the recurrent tendencies for and against cutaneous stimulation find somatic expression in cutaneous alterations.

Third, the skin as the surface of the organism is the part which is externally visible. This makes it a site for the expression of conflicts around exhibitionism. These conflicts in their turn concern not only a sexual component instinct and opposing fear or shame, but also various narcissistic needs for reassurance.

Fourth, anxiety equivalents, too, may be localized as reactions of the skin. Anxiety is physiologically a sympathicotonic state and sympathicotonic reactions of vessels in the skin may represent anxiety.

These examples are very insufficient and specialists in pathological physiology have much more to say, but it must be remembered that they are only quoted as examples for the 'nature and classification' of these phenomena.

Problems of Psychogenesis of Organic Diseases, and Pathoneuroses

In order to mark the boundaries of the 'psychosomatic' field, we started with a few remarks about conversion. We have now to add a few remarks about the opposite border, the field of organic diseases.

Not every organic symptom in which analysis can demonstrate a correlation with mental connotations is necessarily of an organ-neurotic nature. Nothing happens in the organism that is not drawn secondarily into the mental conflicts of the individual. The mere existence of such a connection does not prove anything about the genesis.

The coexistence in a patient of a tumor and of unconscious ideas of pregnancy, or even the analytic proof of the coincidence of the development of a tumor and an intensification

of the wish for pregnancy, must not lead to unwarranted etiological conclusions. If the patient dreams of being pregnant at a time preceding the diagnosis of the tumor it would perhaps show that he was unconsciously aware of the tumor before he knew of it consciously, but it does not indicate that the wish to be pregnant caused the development of the tumor.

A further complication in the relation between organic symtom and mental conflicts is brought about by the fact that somatically determined conditions may secondarily change the psychic attitudes of the individual. Adaptation to pain or to changes of body functions is not always easy. The ways in which this adaptation is attempted, and whether or not it succeeds, depends of course on the total structure of the personality, on its history and its latent defense struggles. First of all, the somatic process in the organ consumes much of the libido and the mental attention of the person; his other interests and object relationships are relatively impoverished, which explains why in general being sick makes a person narcissistic.[31] Besides, the disease or physical change may unconsciously represent something to the patient which disturbs the existing equilibrium between repressed and repressing forces. A disease may, like a trauma, be taken as a castration or as an abandonment by fate, or at least as a threat of castration or abandonment. It may also be perceived as a masochistic temptation or mobilize some other latent infantile longing and in this way provoke a neurosis.

The narcissistic withdrawal of the sick person, as well as his unconscious misinterpretations of the disease in terms of instinctual conflicts, underlie the fact that neuroses sometimes develop as a consequence rather than as a cause of somatic diseases. Ferenczi called neuroses which are consequences of somatic diseases 'pathoneuroses'.[32]

[31] Freud: *On Narcissism, an Introduction.* Coll. Papers, IV.

[32] Ferenczi, Sandor: Disease—or Pathoneuroses in *Further Contributions to the Theory and Technique of Psychoanalysis.* London: Institute of Psycho-Analysis and Hogarth Press, 1926.

A special category of pathoneuroses, appearing mostly in combination with disturbances due to changed chemistry, are the hormonal pathoneuroses.

A quantitative or qualitative change at the source of the instincts must necessarily influence the intensity and nature of the instinctual conflicts and their mental outcome. The authors who have worked in this field stress the *interrelation* of hormonal and mental data, that is, the fact that neurotic symptoms or attitudes in hormonally sick persons also influence the hormonal state.

The opposite of a pathoneurosis would be a 'pathocure': the disappearance of a neurosis with the outbreak of an organic disease. This happens with 'moral masochists' whose neuroses represent first of all a suffering by which they pacify their superego. Neuroses of this type become superfluous when replaced by another kind of suffering.

Whenever a connection between an organic symptom and a mental conflict is encountered, the first question must be, 'Has the conflict produced the symptom, or the symptom the conflict?'. No doubt there is sometimes a vicious circle, symptom and conflict perpetuating each other.

Space does not permit a discussion of hypochondriasis which we hypothetically believe to be a specific changed chemistry. As a matter of fact, the physiological basis of hypochondriasis is still entirely unknown and the whole subject must be treated at length elsewhere.

Psychoanalytic Therapy in Organ-Neuroses

A few words, in conclusion, about the applicability of psychoanalysis as a therapy in the states discussed.

The great variety of the phenomena here examined makes any general statement impossible. There are states which have become 'organic' to such an extent that immediate physical treatment is necessary. But whenever symptoms are the outcome of chronic or unconscious attitudes, psychoanalysis is indi-

cated for the purpose of making this attitude conscious and thus overcoming it.

Freud stated that organ-neurotic symptoms are not 'directly accessible' to psychoanalysis.[33] Indirectly, they are. If the anxiety or other obstacles which hinder the adequate discharge of a person's impulses are removed by analysis, the indirect symptoms disappear without having been made a specific object of psychoanalysis. The change in the function cannot be 'analyzed' because it has no unconscious meaning; however, the attitude which produced it *can* be analyzed and if the attitude is given up, or the state of being dammed-up is overcome, involuntary consequences likewise disappear.

It is clear that the attitude or the blocking of discharge and not the symptom itself is the object of analysis. A trial analysis will, as usual, first have to estimate the relative etiological importance of the unconscious factors and establish a 'dynamic diagnosis'. Monosymptomatic conversions are, of course, no more difficult to analyze than any other hysteria; the closer an organ neurosis is to a psychosis, the more doubtful is the prognosis.

As to the treatment of pathoneuroses, a number of them, as would be expected from the nature of the disturbance, run an acute course and recover spontaneously when the basic somatic disease disappears. If the disease served as a precipitating factor of a genuine neurosis or psychosis, the treatment depends on the nature of the neurosis or psychosis provoked.

How much can be achieved through shorter nonanalytic methods of psychotherapy is a question not to be answered without a detailed discussion as to what the really effective mechanisms of these nonanalytic psychotherapies are, a question which can be answered only by means of psychoanalytic theory. Again there is not sufficient space for such a discussion. I only want to say that, from my experience and scientific conviction, the nonanalytic methods are more applicable in neu-

[33] Freud: *Psychogenic Visual Disturbances According to Psychoanalytical Conceptions*. Coll. Papers, II.

rotic disturbances related to traumatic neuroses or in acute external difficulties. Superficial methods offer less probability of success, the more a disturbance is an expression of a distorted character structure. Unfortunately, many of the 'psychosomatic' disturbances are so based. Certainly it is progress if the connection between symptoms and the person's emotional state becomes at all apparent, and it may be of some help if the patient is enabled to see and to verbalize some of his main conflicts.

I am also rather skeptical about attempts to relate definite psychosomatic pictures to definite personality structures.[34] This procedure may be valid for some cases. In other cases, as Alexander has pointed out,[35] a disorder may be characteristic for a certain emotional state rather than for a personality type, and such a state may occur in various types. Relations between symptoms, emotional state and personality type are complicated and I am afraid that they cannot be cleared up without the use of the psychoanalytic method of research. Psychoanalytic characterology and typology are still in their infancy, but they are sufficient to make one sceptical about a 'dynamic personality research' not based on psychoanalysis.

The greater our fund of information, the more obvious it becomes that the solution of every problem creates other new problems. In contrast to certain psychosomatic publications in which the word 'psychosomatic' seems to have become a slogan, used to demonstrate that 'the psychoanalytic viewpoint is but one among many viewpoints' and 'that we have to study physiology too' and 'that we can do what psychoanalysts do in a much shorter time', I have the feeling that the insights thus far gained show that the necessary physiological and chemical research in laboratories will bring real progress in our understanding of human nature only if combined with a genuinely psychoanalytic understanding of the psychodynamics.

[34] Dunbar, Flanders: *Psychosomatic Diagnosis*. New York: Paul B. Hoeber, Inc., 1943.

[35] Alexander, Franz: In a review of *Psychosomatic Diagnosis* by Flanders Dunbar in Psychosomatic Med., VII, 1945.

THE THERAPEUTIC USE OF DREAMS INDUCED BY HYPNOTIC SUGGESTION

BY MARK G. KANZER, MAJOR, M. C., A. U. S.

Hypnosis was the immediate predecessor of psychoanalysis in the study of unconscious mental activity. Freud himself evolved his psychoanalytic theories after he had investigated the phenomena and therapeutic limitations of hypnotic technique. In later years he cited facts of hypnosis to elaborate his theories of the unconscious and particularly stressed the bond between patient and hypnotist as a reproduction of primitive stages in the formation of the superego. In this connection he did not fail to point out elements of hypnosis which underlie the relationship between the patient and the psychoanalyst. Actually, however, Freud made no further direct use of the hypnotic technique after he was once well launched in psychoanalytic therapy. At one point in his writings, he stated that he personally did not feel quite comfortable in the use of hypnotism, and there is, to be sure, a certain incompatibility between hypnosis and psychoanalytic therapy. Hypnosis depends to a great extent on the patient's surrender of conscious control over his memory and impulses to the physician. As hypnosis has usually been practiced, the patient may be relieved of his symptoms but does not understand why he became ill or how he was cured. Striking symptomatic relief is often obtained in this way, but the essential nature of the neurosis is not resolved. It is toward the more fundamental cure of the condition that psychoanalysis is directed. In the course of the latter procedure, the patient is guided to the recollection of forgotten traumatic experiences, gains insight into the nature of his ailment, and plays an active rôle in the cure. Perhaps the most important dynamic difference between hypnosis and psychoanalysis is their diversity of

From The Neuropsychiatric Service of Harmon General Hospital, Longview, Texas.

approach to the problem of 'resistances'. 'Resistances' are dynamic factors, such as shame and anxiety, which lead the patient to submerge in his unconscious certain ideas and drives which, striving for expression, provoke intolerable emotional and cultural problems. In hypnosis, resistances are more or less abruptly submerged, much as consciousness is simply submerged by anæsthesia in the course of an operation. That the hypnotist is able to eliminate resistances so simply is one of the phenomena of the unconscious which has not been completely explained, but it is undoubtedly related to the action of the hypnotist in assuming the rôle of the omnipotent paternal or maternal figure of early childhood. The hypnotic subject reverts temporarily to an earlier dependent uncritical state in which decisions and standards of behavior were determined for him by the parent.

The therapeutic limitations which arise from this situation are (1) the fact that even the hypnotist can not persuade the patient to sacrifice some of the most vital resistances; indeed, some of the resistances are bound up with the figure of the parent whose rôle the hypnotist adopts, while other resistances are brought into play at the moment the hypnotist introduces any variation into the procedure which the patient cannot accept as emanating from the illusory parent; (2) a free play of ideas, dependent upon the ready and spontaneous associations to different events and periods of time in the life of the patient, is restricted by the inherently circumscribed mental activity during the hypnotic phase; (3) the conscious ego, not participating in the process, does not derive insight into the nature of the problems involved; and (4) upon emerging from the hypnotic state, the resistances reappear virtually unchanged and perpetuate the essentially undesirable dynamic constellation which has induced previous morbid manifestations.

The aim of psychoanalysis is to alter and break down the resistances themselves to the point where they no longer precipitate a neurosis. Here the analyst likewise takes the rôle of parental figures but to a degree which permits the con-

sciousness of the patient to enter into the process and to understand, as the treatment proceeds, how his resistances will form and how he may free himself from their influence.

It is not easy to combine psychoanalysis and hypnosis or to alternate between the use of the two procedures. Hypnosis fosters the overvaluation of the parental figure which is so universal in the neuroses. The patient is inclined to expect all help and punishment alike to proceed from the figure of the all-powerful parent just as he did in childhood. He surrenders initiative and becomes extravagant in his love or awe of the hypnotist. If hypnosis is successful, the patient's awe of the hypnotist is increased. If the treatment is not successful, the prestige of the hypnotist is shaken to the point where hypnosis itself can no longer be induced. Psychoanalysis, on the contrary, is inseparable from a critical as well as an adoring attitude toward the analyst and the very trend of the successful analysis is in the direction of weakening the emotional dependence of the patient, increasing his own ability to cope with his problems, and automatically dissolving the patient-analyst relationship. Thus the approach to the patient is very different in the two procedures, and in practice it is commonly held to be inconvenient and without advantage to combine both methods of treatment in dealing with an individual patient.

In recent years, a revival of interest in hypnosis has been noted among psychoanalysts. Part of this interest has been inspired by the unique opportunities which hypnosis affords for the study of the unconscious. The old problem of the long duration and costliness of analysis has also acted as an incentive since the earliest days to search for some simpler and easier method of cure which may be effective, even though not as thorough as the conventional analysis. With the growth of mental health clinics and especially of military neuropsychiatry, this need has become a very urgent problem. Considerable success has been encountered in the adaptation of psychoanalytic knowledge to the immediate needs of the army in dealing with the war neuroses. 'Narcoanalysis', a physio-

logical means of inducing a state closely allied to hypnosis, has been found especially useful in gaining direct access to the unconscious and unburdening a soldier of tension and anxiety. Hypnosis, while not suitable for such mass application as narcoanalysis, has a useful place among military psychiatric procedures, especially in recovering lost memories and in providing immediate symptomatic relief in conversion hysteria.

As work with hypnosis proceeds among psychiatrists with a background in psychoanalysis, modifications of the older methods and uses of hypnosis are evolved. Kubie and Erickson *(1)*, for instance, have used hypnosis not only to recover early lost memories and to permit the patient to achieve a catharsis of repressed emotions by reliving painful scenes, but have undertaken to modify the superego by presenting successive problems in a series of hypnotic sessions. At the Menninger Clinic *(2)* progress has been made in drawing data obtained through hypnosis into the scope of consciousness by subsequent discussions with the patient, who is thus encouraged to participate actively in his treatment. Such transitions from the older passive hypnotic technique to active collaboration with the patient in a modified psychoanalysis have been found feasible. As yet the general value and scope of these interesting experiments have not been determined.

Recent psychoanalytic studies of hypnosis include the investigation of dreams which have taken place during or after the hypnotic episode. The observations of Gill and Brenman *(3)*, and of Farber and Fisher *(4)*, are of pioneer interest, and give evidence that hypnotic dreams show the same elements of day residues and transference phenomena which are to be found in spontaneous dreams. Material obtained in this fashion can be made the basis for enlightening discussions with the patient. The following case report further indicates some of the possibilities in this direction.

Recent History: A twenty-year-old private after thirteen months of service in the army developed generalized jerking

movements after a long march during training. The reports of observers indicated that he had been marching at the rear of his group, and after climbing a hill had wandered off in a different direction from the other soldiers. He was found in a deeply somnolent state and after being awakened, displayed bizarre movements and complained of a chilly feeling. He professed amnesia for the events which took place during the climb up the hill and until he was awakened from his sleep.

Observation in army hospitals disclosed almost continuous and rather violent movements of a choreiform type, which seemed semi-purposeful in character. His spontaneous gait was suggestive of 'jitterbug' dancing. At times the movements of his arms resembled swimming strokes or shadow boxing. The restless agitation continued when the patient was in a horizontal position and did not subside completely even when he was asleep. The violence and constancy of the movements resulted in such helplessness that the patient had to be fed and assisted from place to place. On the other hand, he was never observed to injure himself.

In addition to the jerking movements of the limbs, the most outstanding symptom was a stuttering dysphasic type of speech. His past history indicated that such stuttering had been prevalent during childhood and adolescence, but had subsided for several years prior to its recent reappearance in association with the more generalized motor restlessness.

Physical examinations during hospitalization revealed no somatic disease. Cardiac studies, neuro-status, temperature, sedimentation rate and blood studies all failed to reveal any evidence of clinical abnormalities. The motor restlessness of the patient did not resemble the typical movements of organic neurological conditions such as chorea, dystonia or athetosis.

The tentative diagnosis of 'Sydenham's chorea' was reached at the Station Hospital where the patient was studied for the first two weeks after the onset of his illness, but was superseded by the diagnosis of 'hysterical dyskinesia' in the General Hospital where his symptoms were investigated during the

following six weeks. The psychiatric observations during the latter period form the basis for the present report.

Past History: The patient was the youngest of six siblings of a Polish Catholic family, born and raised in the vicinity of a large city on the Eastern seaboard. His parents were some forty years older than himself and he was considerably younger than the other siblings, so that he had always held an especially protected position in the family. A special position in the family was further due to the fact that his parents, who had been poor, had reached some degree of financial security in later life and were able to provide this youngest child with privileges which his older siblings had not been given. He was therefore treated with much indulgence by all other members of the family. Outwardly, his development was rather uneventful. He made good adjustments in school and in social life. His general health was usually good. However, at some early period in his life—the exact age could not be established, but was supposedly about seven—the patient suddenly began to stutter immediately after a visit to the dentist. This habit persisted into adolescence.

In school the patient had been an average student but had shown no great interest in any subject and had no definite ambition in regard to his future occupation and position in life. He was quite popular with other boys and was fond of all athletic enterprises, especially swimming and baseball. His earlier years of education were spent at a parochial school where strict moral ideas were inculcated. Sexual development was relatively retarded; he allegedly had never heard of sexual intercourse until the age of sixteen. On two or three occasions after his eighteenth year he visited prostitutes in company with other boys but had little interest in the opposite sex until he entered the army. Then he fell in love with a young woman and considered himself engaged to marry her. Although often in her company, he never attempted to draw her into an intimate relationship.

The military history of the soldier began with a disappointment when he was not assigned to the Coast Guard, a branch

of service which had particularly appealed to him because he was acquainted with, and fond of, life by the seashore. He was assigned instead to the infantry and ultimately to airborne troops. Most of his first year was devoted to training in the use of guns. During this period he seemed to adjust quite well. It was at this time that he met and fell in love with his fiancée. A few weeks before the development of his recent illness, he was transferred to a new station where his instruction with the airborne troops was begun in earnest. He participated in glider training and shortly before the hike which precipitated his symptoms, he was involved in a minor glider accident from which he escaped without injury but in a slightly shaken condition.

Psychiatric studies and treatment during hospitalization: Preliminary psychiatric interviews revealed a callow, immature young man who was cheerful, talked readily and showed little apparent concern or distress in connection with the continual and violent movements of his limbs. Attempts to elicit information about possible emotional conflicts were met at every point by casual and apparently sincere denial that he had any worries or problems. Even in regard to his obvious physical symptoms he professed optimism, as a previous medical consultant had assured him that there was nothing seriously wrong with him and that he would soon be well. Almost no point of contact for eliciting or discussing emotional problems could be established. In particular, he was questioned concerning his dream life and denied at once that he ever dreamed.

A few days after admission, narcoanalysis with sodium amytal was undertaken. Very little additional information could be obtained from him during the session. Special attempts to reconstruct events of the amnesic period prior to the development of his involuntary movements met with no success. After a very small quantity of amytal had been injected, he commented about 'feeling strangely, like a little fellow in a big room—like Alice in Wonderland'.

On the following day, the first attempt at hypnosis was made. He proved to be a ready subject. Nevertheless, attempts to have

him relive or recall recent or past traumatic episodes were not successful. Communication with the patient during the hypnotic phase was particularly difficult, for his violent movements and stuttering increased markedly as soon as hypnosis began to have an effect and continued until the patient emerged from the hypnotic state. Hypnotic suggestions that the jerkings of his limbs would diminish met with partial success, so that after a few treatments, he had recovered sufficiently to shave himself and write quite legibly.

The failure to establish deeper contact with the patient by hypnosis proved disappointing, especially since amytal injections and daily discussions had failed to provide evidence of the existence of emotional conflict. In an attempt to break through the barrier, dreams were suggested in hypnosis in order to determine whether significant material could be elicited. This proved to be the case, and the results of these hypnotically induced dreams form the basis of the present discussion.

Method: In the hypnotic state, the patient was asked to dream about a certain subject, to remember the dream when he awoke and to communicate the dream to the hypnotist. All other events of the hypnotic session were to be forgotten. Then the patient was permitted to sleep until he awakened spontaneously, usually in about thirty minutes. He was seen shortly after he awakened, and in some thirty sessions, never failed to produce a dream.

> Dream 1: Under hypnosis, the patient was told to dream that he was marching effortlessly. Upon awakening, he reported the following dream: 'I was being pulled along in a glider which was at some distance above the ground and which was being drawn by a horse. Something went wrong and I had to jump. However, I remained suspended in the air.'

Comment: The topic suggested to the soldier was introduced in the hope of gaining some information as to the hike and the events immediately preceding the development of his symp-

toms. Since these events were likely to be associated with anxiety and might be deeply repressed, encouragement was given in the form of a suggestion that the march would not be unpleasant. In reality, the last conscious recollections of the hike had been an exceedingly weary and difficult climb up the side of a muddy hill. Actually, the dream proved of value in establishing communication with the patient; he now revealed for the first time that he had recently been involved in a glider accident and had been forced to jump. When asked why he had not described this event previously, especially as he had explicitly denied recent difficulties, problems or worries, he replied that crash landings were to be expected in training and that he 'never worried about such things'. It was pointed out to him that in the dream he had likewise experienced no affective response to danger. Curiosity was expressed at this lack of appropriate fear in such a situation. However, the patient was very casual, repeating that he 'just did not worry about those things' and concluded with the remark that 'dreams do not mean anything anyway'.

Dream 2: The second dream occurred spontaneously on the night following the first hypnotically induced dream and appeared to represent another variation of the same theme about 'marching without effort'.

'Everything was in technicolor. There were blue skies and green grass. I seemed to be repeating an old scene with my father. I was walking along a path with him and we were going uphill. At the top of the hill was a cemetery. As we went along, my father discussed all sorts of subjects with me and told me what the world was really made of.'

Comment: Elements in this dream suggested a link to the traumatic situation on the hike. In contrast to the generally pleasant atmosphere of the dream, the path approached a cemetery. In his associations, the patient stated that the scene was a reproduction of actual experiences in his childhood when he walked along this very path, climbed the hill and had to pass the cemetery.

A second trend in the dream implied that a transference situation had developed, and that the hypnotist is taking the rôle of a father figure. Again, as in the first dream, there was a hint of impending catastrophe (approaching a cemetery), which aroused no apparent affect.

Dream 3: It became the practice at this time to hold a daily session with the patient, usually at about the same time each day. The procedure was explained to the patient, not as a matter of hypnosis but as a 'relaxing exercise'. On the following occasion, the suggestion was made in hypnosis, 'Dream that the jerking has stopped!' It was hoped that something might be learned of the unconscious meaning of the jerking.

The patient reported the following dream: 'I met my girl friend in town. We went for a walk and took a short cut along the railroad track. We began to count the stars and then the next thing I knew, I was at camp and being awakened by the Sergeant.'

Comment: In discussing the dream, the patient said he had walked on the railroad track, and therefore had to maintain a precarious balance. This rigid self-control contrasted with the lack of motor coördination manifested in the patient's symptoms. The theme of 'walking' still persisted in the dream and was now associated with a sexual implication, the tryst with the girl. Terminally, there was a violent awakening such as had occurred immediately preceding the onset of his symptoms. The hint of catastrophe at the end of a journey continues as in the first two dreams.

Dream 4: The theme presented on the following day was more specific: 'Dream that the jerking of your legs has stopped!'

'I dreamed that I was on the beach with some friends. We got into a canoe and paddled to Atlantic City. There I was put in line and chosen "Miss America"! I cried out that there must be a mistake. Then a man made me hold a cat while he cut off its tail with an axe.'

Comment: The dream inspired by the suggestion that his legs had stopped jerking revealed fears of femininity (Miss America, selected for the perfection of her legs) and suggestions of castration anxiety (removing the tail of the cat). The first part of the dream, where he was riding in a canoe, also signified a situation in which he was deprived of the use of his legs. The idea, 'Your legs have stopped jerking', produced only anxiety. The inference may be drawn that the jerking of the legs was a form of reassurance that he has not lost them. Such meanings commonly underlie neurotic symptoms, and if he really feared the loss of his legs, and if his jerking was his reassurance of still possessing them, it becomes clear that the hypnotic command to stop the jerking will only cause tremendous anxiety. It is such facts which reveal the limitations of hypnosis and direct suggestion and which establish the value of the subtler and more exact approach of psychoanalysis.

Incidentally, the theme of the journey terminating in a catastrophe persisted in this dream. The nature of the catastrophe itself, which has been vaguely associated with ideas of death, now becomes more specifically a fear of bodily injury—especially, a bodily injury which impairs his masculinity.

Dream 5: Discussion followed the patient's account of each dream, but still little headway could be made in securing his active participation in analyzing his conflicts. Encouragement was found, however, in the fact that at this time he developed bouts of diarrhœa which he called 'runs'. Such new developments during the treatment of a neurosis usually herald an unconscious response to the treatment.

In an effort to formulate the hypnotic dream suggestion in such a manner as to touch off whatever emotional reaction might be brewing, a variety of the 'free association' technique was introduced into the hypnotic session. Before a theme for the dream was suggested, the patient was encouraged to unburden himself, to tell what he desired or feared at the moment. On one such occasion, he declared that he was upset because he had failed to receive a letter from his

girl friend. He was then told to dream that he had received such a letter.

'I was on my uncle's farm. I was in an apple tree, throwing apples to my uncle's daughter who caught them in her apron. Then we found ourselves in the cellar of the farmhouse skinning tomatoes. My uncle came in and said a man was looking for me. I went out and a man drove up in a truck and dropped a load of letters for me, including letters from my girl friend and from all the members of my family.'

Comment: It was of interest that a specific dream suggestion ('You will receive a letter from your girl friend!'), was carried through. In view of his recent bouts of diarrhœa, the marked anal components of the dream were also significant.

Again an intensive attempt was made to establish some point of contact with the patient in conscious discussions of the dream material. He proved extremely resistive, and not even the simple suggestion that the dream represented a fulfilment of a wish to hear from his girl friend was acceptable to him. He reiterated that the physician might know about such things but they were beyond his understanding. The examiner persisted in emphasizing certain aspects of Dream 4 which indicated sexual curiosity and desire. The patient was brought to the point of admitting that he 'never knew anything about sex until the age of sixteen'. He had not even known that infants were carried prenatally in the body of the mother. Asked how he could possibly have avoided observing or hearing about such facts, he insisted sullenly that 'such things had never interested him'. Attempts were made to indicate to the patient that there was something quite remarkable about his sexual ignorance as well as about his failure to experience fear in terrifying situations. The only apparent effect on him was obvious irritation and sulkiness.

Dream 6: On the night following the previous session, the patient had a spontaneous dream. 'I don't remember much about it except that I was digging for a diamond.' When asked to associate to the dream, the patient said 'When

I think of diamonds, I think of a diamond engagement ring for my girl'.

A rather successful discussion with the patient ensued. He declared that he was anxious to marry but felt that money stood in the way: he could not afford to buy his girl friend a diamond ring, and he did not feel that he should marry until he was amply provided with funds. His own parents had had a difficult economic struggle in the early years of their marriage and had often warned him against going through similar experiences in his own life. It was apparent that the discussion of the previous day, although outwardly unsatisfactory, had actually struck an emotional response in the patient, for it was followed by a spontaneous dream and by his first really active association and personal communication.

Dream 7: The theme proposed on this occasion was an encouraging one, 'You will have whatever you want. Nothing will interfere.'

The subsequent dream showed the patient shaking hands with Henry Ford, who said something about 'a golden pipe'.

Comment: It was pointed out to the patient that his dream about diamonds had been followed by a dream about a multimillionaire and gold. In this connection, the patient made the statement that 'money really is everything'.

Dream 8: The patient was again told to dream that he could have something that he wanted. The intention was to stimulate his fantasies and clarify his goal. It was considered particularly pertinent to determine whether there would be therapeutic value in sending him home on furlough. Neither in dreams nor in his conscious communications did he ever express any such desire.

'I dreamed that I was in Camp and that the director selected me from among the other boys to be swimming instructor.'

At about this stage in the situation, several hypnotically induced dreams showed similar trends in which, as in the above dream and in the preceding dream of Henry Ford, the patient

was given special attention from some powerful and benevolent individual. It was not difficult to trace transference elements in these dreams and to identify the scarcely disguised figure of the hypnotist. Actually, it must have been quite apparent to the patient that he had been selected for special therapeutic attention. His preoccupation with the current situation at the hospital was very striking. For instance, even under hypnosis, when asked what he would like to do if he were well, he stated 'I would like to go to the Red Cross and the Post Exchange with the other fellows'.

> Dream 9: The theme continued to be 'You can do anything you want. Nothing will interfere.'
>
> 'I had a wonderful dream. I was swimming in a river and somehow I drowned. Then I seemed to spin through something—it was very difficult—I came into another world—there were just minds there—I knew everything—*I could do anything I wanted*—I looked down on earth and saw all the silly things that people did. I saw how they tried to keep from dying. I realized that bad people are placed on the earth to trouble the good ones. Around me were bad minds as well as good. Then some one said, "You have to go back now", and then I awoke.'

Comment: In discussing this dream, the patient maintained that he had never been interested in religion or death and did not believe in life after death. The dream was considered to show the awakening insight on the part of the patient, an emergence from the older pretense that he did not understand things, and in itself seemed to be an allegory of the entire situation in which he underwent hypnosis and then emerged. The hypnotic interval seemed to be an extremely pleasant one. Another interesting point was the use of the very words of the hypnotic command in the dream, namely, 'I could do anything I wanted'. Extravagant admiration of the hypnotist's powers and knowledge are indicated, and there is a reminder of the father figure in Dream 2, who placed his great knowledge at the patient's disposal.

Dream 10: A new phase seemed to develop at this time. Hypnotism was supplemented more and more by psychoanalysis because of the insistence of the examiner—now that sufficient material and better contact had been established—in requiring the patient to apply his insight and to participate more actively in the discussion of his problems. Attacks of diarrhœa, irritability and mild depression were more frequently observed. Notes of criticism against the hypnotist began to creep into the dreams. The themes suggested by the hypnotist likewise became deliberately less soothing and more calculated to stir up the emotional problems of the patient. For instance, he was now told to dream that he was marching but had to drag his legs through the mud. This, of course, was aimed at reproducing the traumatic situation, but now without any accompanying reassurance. The patient dreamed that he was crawling through the snow dragging a heavy machine gun behind him.

The associations were illuminating: he declared that the dream reminded him of an episode in the army in which the officer in charge of his platoon had forced him to do unnecessary work and had made him very angry. This officer had the same military rank as the hypnotist. Since transference elements of an antagonistic nature were present in the dream, it is noteworthy that outwardly the patient proved as ready a hypnotic subject as he had done previously, when the dominant feeling was favorable. The disposition of the patient to accept hypnotic commands seemed likewise to have been unaffected by the fact that daily discussions and an increasingly personal relationship had divested the figure of the psychiatrist of much of the illusory quality which gives the hypnotist his influence.

Dream 11: The elements of anger which had been stirred up in the patient at this stage became manifest again in a spontaneous dream following the preceding hypnotic session in which he was ordered to keep going through the mud even though it was difficult for him.

'Another soldier and I were in a river up to our waists.

In front of us were bushes. Around the bushes came a German. I seized an iron pipe which I was hiding under the water and clubbed the German on the head. The man sank into the water. I and the other soldier crawled up the bank and proceeded to climb a hill which rose before us.'

In discussing this dream, the patient was reminded of the hill he had been climbing just before his symptoms developed. Now several recollections about that last hike came back to him. He recalled that while climbing the hill, he had been pulling a machine gun, and felt that he was being 'worked like a horse'. The corporal kept urging him to keep it up and the patient kept responding 'I'm doing the best I can', and his last memories of the incident seemed to be an alternating repetition 'keep it up', 'I'm doing the best I can', 'Keep it up', 'I'm doing the best I can', etc.

Several elements from preceding dreams could now be combined. In the first dream the horse had been pulling a glider and 'something had happened'. In Dream 10, he had himself been dragging a machine gun. Officers had driven him against his will. Now at last he dropped his sullen passive obedience and struck out against his enemies. A healthy transformation was indicated, and the various elements were carefully put together in tentative fashion to explain to the patient the emotional meaning of the situation during the hike up the hill and the ensuing hysterical attack. Outwardly the patient showed no great enthusiasm for these interpretations. On the following day, he had a severe headache and at night had a spontaneous dream (Dream 12), about the Red Cross bringing a piano into his room while he was out. The association to this was that he did not play the piano. The implication seemed to be a protest against the requirements of the hypnotist to fathom and utilize matters beyond his comprehension.

The agitation of the patient continued and manifested itself in restlessness over the prolonged stay in the hospital, which was now of nearly one month's duration. He asked whether there was a possibility that he might be transferred to a Veterans' Hospital. A reassuring note was taken by the

examiner. The patient was encouraged and told that he was doing very well. The theme was changed now from 'tough assignments' to more pleasant thoughts. The first attempt in this direction was not very successful as the patient was apparently still too much under the influence of his disturbed affect. The theme given on this occasion was a tentative one, 'Dream that you are in bed with some one'. The sexual implications of the neurosis had not been sufficiently elucidated.

Dream 13: The patient reported that he had had a nightmare. 'I went around looking for work. Everywhere were signs "Men Wanted". At one place a watchman said to me, "You are no man, we do not want you". I even came to the place where I used to work in civilian life and was told, "You are shot. You had better go on relief." Next I went into a bar and the bartender gave me whiskey instead of my usual beer, but my hand shook so that I spilled the drink on the floor.'

Comment: The implication of the dream seems to confirm the agitation of the patient and his desire to flee from the unpleasant situation which had developed in the hospital. The 'tough assignments' were interpreted as harsh treatment and aroused the misgivings of the patient as to his own masculine capabilities. However, there seemed no refuge available for him and his feeling of helplessness was no doubt accentuated by the sexual connotations of the hypnotic theme, which called upon him to assert his virility.

Dream 14: Reassuring tactics were continued and again the theme was given to him, 'Dream that you are in bed with some one.' It may be added parenthetically that the question of latent homosexual trends was not excluded by the wording of this suggestion.

The patient described the following dream in a very cheerful manner. He stated that he had been marching with a knapsack through the desert and had been getting hotter and hotter. He came to a shack. Inside was a girl at a counter. He ordered a drink. The girl went inside into another room and he heard her call him. He went in and

found her lying nude on a bed and she said, 'If you want me, take me.' At this point he awakened.

Comment: Among other things, the dream shows the soldier emerging from the difficult emotional period which he had been passing through (wandering in the desert) and again finding refuge and welcome. It may also be pointed out that despite the various fluctuations in mood and attitude, the patient still proved an excellent hypnotic subject.

Dream 15: At one stage of the treatment, the endeavor was made to have the patient recall in dreams his childhood visit to the dentist, which had been the occasion for the onset of stuttering.

'I was returning with my aunt from the dentist. I was about four years old. I was crying. All my lower teeth had been pulled. My aunt promised me some candy when we got home.'

Comment: We cannot tell whether the dream contains true memories of the traumatic incident. However, the elements in the dream were entirely new and surprising to the patient. Actually, he does not recall the circumstances of his visit to the dentist. He does not know whether his aunt was with him. He does not have information as to the procedure which was carried out in the dentist's office. It is further of interest that the age of the patient in the dream is four, whereas his conscious statement had placed his age at the time as seven years. It is a common experience in psychoanalysis to find that the date of events must be placed further and further back in the patient's life as the treatment really comes to grips with the roots of neurosis.

Dream 16: A by-product of the investigation of hypnotically induced dreams in this case was an attempt to determine the duration of time required for a dream after the hypnotic suggestion is given. Thus the patient would be told to dream about a certain subject and as soon as he had repeated the theme aloud, an interval of time was permitted to elapse. It was found that even fifteen or thirty seconds

later, if the patient was awakened, he still described a dream. It was of interest that while the dream reproduced the given theme, there was also an element which showed a reaction to the brevity of the allotted time. The first 'quick dream' took place in an interval of five minutes. The suggested theme was 'a visit to the occupational therapy department'. The ensuing dream showed the patient diving from a board into a pool. The elements of this dream seem to combine a pleasing diversion with the abrupt splash into and out of hypnosis as symbolized by the act of diving. In a previous dream, the hypnotic session had likewise been represented by swimming in water.

Dream 17: The experiment in 'quick dreams' proceeded with a dream of thirty seconds duration. 'I was climbing a precipice that was almost perpendicular. This precipice was near my home.' The theme of the dream had been, 'To be nearly home'. Something sudden and difficult seemed to be demanded of him.

Again the traumatic dangerous 'climb up a hill' appears. The patient's lack of enthusiasm about a visit home has continued. Death is often symbolized in dreams as 'home'.

Dream 18: Again a 'quick dream' was demanded within an interval of thirty seconds, and to complicate the subject, the patient was told to dream that 'lots of things had happened'. He dreamed that he was taking part in a summer production of Macbeth (which actually had been the case at a summer camp). He and two other boys were playing the parts of the witches. There was a pot which was filled with ice and water to produce vapors, and pasted on the pot was a speech for him to read. (He never could remember his lines, as he was too preoccupied with fears that he would stutter.)

Comment: These three 'quick' dreams all showed elements of startling and strenuous experiences.

Psychiatric studies and treatment during hospitalization (concluded): The therapeutic technique continued to oscillate between stimulating the soldier when he seemed too satisfied

with his illness and reassuring and encouraging him when the anxiety was excessive. At the same time, insight and coöperation were constantly sought. Overtly, he showed continual improvement. Stages in his recovery were marked by the first time that he left his room alone, later by his first visit alone to the Red Cross, then by his willingness to go to town with the other soldiers despite the curious glances of strangers. Finally, not only was he able to go to town by himself but hitch-hiked to neighboring cities to see the sights.

There were intervals when he was entirely free of his jerking movements although there were recurrences. Ultimately, after some six weeks of hospitalization, the soldier was discharged from the army and was able to depart for home unattended, in marked contrast to his condition on admission when he had to be moved in a wheel chair and could eat only with assistance. The goal of final therapy in so deep-seated a disorder could not be sought within the framework of military neuropsychiatry.

As to the nature of his neurotic illness, for which the term 'hysterical dyskinesia' has been offered, the ailment is probably more closely allied to the category of tics than to that of simple conversion hysteria. As with the related neuroses of tics and stuttering, the nucleus of the symptoms is to be sought in traumatic pregenital fixations of the libido, especially in the anal sphere. A detailed analysis of the psychopathology of this case does not fall within the scope of the present discussion, except to state in summary that this sexually immature individual, under conditions of physical stress and anxiety, regressed to an older neurotic form of behavior characterized by conflicts in the expression of motor impulses. The original nucleus of the neurosis had been confined to a single sphere of motor activity (speech) but recurred in more severe and widespread form in the later attack.

The dynamics of therapy, although utilizing some of the principles of deep analysis, fundamentally involved only the more superficial forces of rest, reassurance and suggestion.

It would have been futile to precipitate the patient into a more searching analysis inasmuch as merely a few weeks were available for treatment.

Discussion: As illustrated by the progress of this case, dreams induced in hypnosis may be used, as in psychoanalysis, to reveal emotional problems and past events, to provide quick insight into the patient's character and hidden thoughts, and to afford a basis for therapeutic discussions which will give the patient insight and secure his coöperation in dealing with the neurotic disorder. Typical 'day residues' and evidence of transference are to be found in hypnotic as well as in spontaneous dreams. It is of interest to note that even the difficult problem of 'negative tranference', that is to say, elements of hostility and criticism directed at the hypnotist, may be revealed in the dream and yet not interfere with the coöperation of the patient in the hypnotic process.

Hypnotically induced dreams provide the psychiatrist with unusual opportunities for direct intervention in the unconscious of the patient and offer a field for the experimental study of the dream process. Since the hypnotist is able to provide the topic for the dream, it is possible to secure immediate and relevant data about the meaning of fixed ideas, obsessive practices, fetishes and other symbolic distortions of the neuroses.

A disadvantage of hypnosis as compared to the usual course of psychoanalysis is the fact that the pace must be forced to a greater extent in hypnosis. For example, it is the hypnotist who determines that the most fruitful subject for a dream may be a certain situation in which he is interested, whereas in psychoanalysis, where the topic is left to the patient, quite surprising but revealing themes appear spontaneously in the dream. Similarly, the course of therapy is more rigid and provides less for spontaneous adjustment in the active hypnotic technique outlined than in psychoanalysis. With these facts in mind, however, even the hypnotist can introduce a considerable measure of free scope for the patient. For instance,

in hypnosis, before the topic for the dream is suggested, it is possible to permit the patient a certain amount of free association and to determine the dominant mood or idea of the moment. The topic for the dream can then be suggested to conform with these findings. Moreover, the unconscious drives of the patient are still of great influence in determining the hypnotic dream, as shown by greatly varying dreams which were produced in response to the same theme suggested by the hypnotist, and by the recurrence of certain trends in the dreams despite the different topics presented. Scope for spontaneity in the dream is likewise permitted by offering the patient a very general dream topic. Another advantage provided by hypnosis is the ability to influence the amount of affect released in the dreams by selecting themes which excite or reassure according to the indications of the moment.

An interesting variation to which the hypnotically induced dream may be put is the indirect reproduction of past memories which are too deeply repressed to be otherwise obtained by direct questioning in the hypnotic state.

Therapeutically, the problem of the uncommunicative patient is often one of great difficulty and may provide insuperable resistances to psychoanalysis. In selected cases, preliminary hypnosis or narcoanalysis, or use of such treatment during certain phases of psychoanalysis, may be expedient in curtailing the duration or even permitting the continuance of the treatment. It may be feasible, where the psychoanalyst does not wish to arouse conflict by his own direct intervention, to transfer his case temporarily to a collaborating psychiatrist.

Summary and Conclusion: A twenty-one year old soldier with hysterical dyskinesia was treated with the aid of hypnosis. Dreams induced by hypnotic suggestion proved of considerable value in establishing contact with a passive individual and also revealed aspects of dream psychology which are of theoretical and practical value in dealing with the unconscious mind.

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EGO ANALYSIS AS A GUIDE TO THERAPY

BY THOMAS M. FRENCH, M.D. (CHICAGO)

1. The Ego's Problem in Adaptation and Its Importance in Therapy

We are all familiar with Freud's account of the historical development of his own attitudes toward psychoanalytic therapy. In his early therapeutic efforts he directly interpreted repressed psychic contents and was even somewhat annoyed, as the dream of Irma's injection shows, if the patient was not able to accept his interpretation. Later, however, he came to realize that repressed mental contents could only be brought to consciousness by analyzing the ego's defenses against them.

It has now become a standard principle of psychoanalytic technique, therefore, not to interpret the repressed content of id impulses directly without first carefully orienting oneself as to the nature and strength of the ego's defenses against them. The fascination of deep unconscious material is so great, however, that even the most experienced analysts are frequently tempted to violate this important technical principle, and beginners in psychoanalysis usually find it much easier to recognize and interpret immediately repressed unconscious wishes than to restrain their delight in discovery until they have gone to the trouble of orienting themselves carefully as to the relation of these repressed impulses to the patient's conscious attitudes and behavior.

In the following discussion I wish both to illustrate this well recognized and well established technical principle and to propose an extension of it. The principles that I wish to suggest are, I believe, practiced intuitively, at least at times, by most experienced psychoanalysts, but I wish to propose a systematic elaboration and application of them.

Analysis of the resistances focuses our attention on the ego's defenses and upon the defensive function of the ego. The ego's

defenses, however, are only one aspect of its more important and central function, the function of synthesis or integration. The aim of therapy is to improve this synthetic or integrative function. It seems to follow therefore that as a guide to therapy our attention should be focused primarily neither upon the repressed impulses nor upon the ego's defenses alone, but rather upon the integrative function of the ego, upon the specific integrative task that confronts the ego at each point in the analysis, upon the problem that at each particular moment the ego is attempting to solve.

How can this be done? Obviously, in order to understand the ego's integrative task at a particular moment we must first discover both the nature of the repressed wishes that are struggling to emerge into consciousness and also the nature of the defenses of the ego against these repressed wishes. But we must also attempt to reconstruct something more. We need to know not only the motives that have been repressed but also the motives that have given rise to the defensive reaction. It is important to determine, for example, whether a disturbing sexual impulse has been repressed on account of fear of punishment, of fear of loss of the mother's love, of guilt, or of pride. Then when we have determined the motive of the defense we are ready to reconstruct the integrative problem with which the ego is faced at this particular moment.

In each of the four cases above mentioned, for example, the ego's problem will be different. In one case the patient's problem will be either to find some outlet for his sexual impulses without incurring punishment, or to find some way of reconciling himself to the punishment. In another the problem will be either to find some way of making the disturbing impulse acceptable to the mother or to find some substitute that will make the patient less dependent upon the mother. In still another case the problem may be either to find some way of compensating for the patient's injured pride or to modify the disturbing sexual impulse so as to make it consistent with the patient's pride.

In order to reconstruct the ego's problem, however, it is necessary not only to determine the nature of the conflicting motives but also to take into account the patient's real situation in relationship to them. A patient whose central problem is to reconcile sexual impulses with his need for the mother's love, for example, will find his problem much simplified if some mother figure has just indicated to him what he might do to please her.

Formulated from a somewhat different point of view, the ego's integrative problem at any particular moment is the problem in adaptation presented to the ego by the actual situation at that time. For the sake of clarity, however, it is important to emphasize that it is not only the real external situation that constitutes the ego's problem but rather the conflicting needs with which the patient is reacting to this situation. It will be noticed that such an approach to therapy focuses our attention systematically upon the patient's actual conflict at the moment rather than upon infantile memories.

In our psychoanalytic thinking we are accustomed much of the time to think of a patient's irrational behavior as a compulsive repetition of traumatic events in childhood. It is this concept that underlies Freud's definition of the 'transference'. We think of the patient as having transferred to his present situation in the analysis, attitudes and reaction patterns that first arose in and were appropriate reactions to a childhood situation. Our psychoanalytic experience in fact furnishes us with numerous dramatic examples of almost complete reënactment in the analytic situation of traumatic events from the patient's past.

Such complete and dramatic reënactments of a past event are exceptional, however, even in an analysis. This fact can be explained only on the assumption that the tendency to react according to the pattern of the past is only one of the tendencies that contribute to ordinary behavior. Equally important for the understanding of our therapeutic situations is a tendency in exactly the opposite direction. Every patient has innumer-

able memories. Different memories emerge on different days. One of the principles that determines the selection of particular memories for reactivation at particular times is that each situation in the present tends to reactivate memories of similar situations with which the patient has been faced in the past.

It is easy to see that this principle has an adaptive significance. Every reaction to a present situation must be based in large part upon past experience. Past experience, however, is a vast storehouse of memories. If all of these memories could be reactivated at once the result would be hopeless confusion. If past experience is to serve a useful function in guiding behavior in the present it is necessary that the present exert a selective influence on the choice of the particular memories that are to be reactivated. The reaction patterns in the past that are likely to be most useful in solving present problems are obviously those that dealt with similar situations. One must search in the past for precedents that could be useful in solving a present problem. It is therefore to be expected that there is a tendency for a present situation to select for reactivation those memories and behavior patterns that dealt with similar problems in the past.

The application of these principles to our therapeutic problem can be formulated thus: in therapy it is not only important to recognize the influence of patterns from the past upon present behavior, but for our practical guidance from day to day it is even more important to recognize that the choice of particular memories for reactivation is determined in largest part by the particular problem in adaptation with which the ego is struggling at the moment. It is this problem in adaptation about which our therapy must be oriented.

A thesis such as this could probably best be illustrated by a somewhat extended account of the therapy of particular cases. Because of the limitation of time and other motives, however, it will be necessary in this paper to illustrate it only by a series of anecdotes.

2. Significance of Dreams of Seduction

Frequently a patient brings us dreams or other material in which the analyst is accused of seducing the patient. If we are interested only in the repressed wish we might interpret such material as evidence of the patient's wish to be seduced. The defense in this case would be projection, one of accusing the analyst of seducing rather than acknowledging the wish to be seduced. Both of these interpretations would be correct as far as they go but they would miss the point of the material in so far as therapeutic indications are concerned. In a very considerable proportion of cases, dreams of seduction are a reaction to the therapeutic process itself. The patient comes to the analysis with certain forbidden sexual wishes which have been repressed on account of guilt. The analysis then surprises the patient by seeming to give encouragement to these disturbing wishes. The patient's conscience is startled and then reacts to the analysis as a dangerous seduction. It follows that this accusation against the analyst is not only a projection but has also some basis in reality. The therapeutic indication is therefore to recognize the truth contained in the patient's accusation and then to proceed further to point out the differences between psychoanalysis and seduction, to point out that the purpose of the analysis is only to encourage a patient to become conscious of her sexual impulses and to enable her to discuss them freely; but that the question of what she should do about them is obviously one that she herself must decide after taking into account both the disturbing impulses themselves and the reactions of her conscience against them.

In other cases the accusation implied in the patient's material goes further than this. The patient in a dream will perhaps picture the analyst as indulging quite openly in unabashed sexual activities with her, the implication being that the therapy has become some kind of perverse sexual activity for both therapist and patient. Again if we are interested only in the repressed mental content we would be compelled to interpret such material as evidence of an extremely open avowal of sexual

wishes toward the analyst; and again the defense is projection. From the point of view of the therapeutic problem, however, such interpretations would once more miss the point entirely. Most frequently such material is a sign that the patient has forgotten the therapeutic purpose for which she originally consulted the analyst, and without admitting it to herself is utilizing the analysis primarily as a source of erotic gratification; but the accusation against the analyst also usually has its justification in reality in the fact that the analyst has failed to recognize this transference resistance. Thus having failed to recall her to her therapeutic task by pointing out the resistance, the analyst has laid himself open to the charge that he also is responsible for the patient's resistance. In such cases the therapeutic indication is to do just what the patient's material is accusing the analyst of failing to do, to interpret the patient's self-indulgent utilization of the analysis as a source of erotic gratification and thus to call her back to her therapeutic task. Here it will be noticed that the dream when properly interpreted practically prescribes what the analyst's next therapeutic step should be.

3. The Patient's Material as a Therapeutic Guide

It will be noted that in both of these cases the patient's material not only gives us definite indications as to the nature of the patient's own conflict, but also permits the analyst to read directly from the material a valid critical judgment upon his own handling of the therapy as well as important indications as to what his own next therapeutic step should be. This I believe to be a principle of quite general validity. In supervising the analysis of students I have frequently noted rather sharp changes in the character of the transference relationship as soon as the student analyst corrected an important error in his handling of the case. A frequent change of this sort is the following: the patient, throughout his material, may be identifying the analyst with an indulgent mother. The supervising analyst then discovers that the student analyst has been failing

to interpret important material or to follow up his interpretations properly with interpretation of confirmatory evidence. The student returning to the patient then makes the necessary interpretations and follows them up energetically by pointing out the supporting evidence in the succeeding material. As a result of the student's more energetic interpretations the patient's material now promptly identifies him no longer with an indulgent mother but rather with a punishing father. In a paper [1] published a number of years ago I have already given an illustration of such a sudden transition in the patient's material from a 'depreciated younger brother' transference to a 'dangerous father' transference immediately after I had taken effective measures not to coöperate further in the patient's attempt to make play of the analysis.

In other cases the patient's material may indicate that the analyst has plunged too quickly into disturbing emotional conflicts. Fortunately if we can learn to read them the patient's behavior and associations usually give us very precise day to day indications as to how much interpretation the patient can tolerate. If the therapist is alert to such indications, he can usually become quickly aware of the patient's inability to tolerate a disturbing insight. As an example I may cite a patient to whom a premature interpretation of a homosexual conflict was made. The next day the patient made no reference to this interpretation but in his associations revolving about a dream there repeatedly occurred the theme of people going insane. It was obvious that the patient feared unconsciously that facing this interpretation would drive him 'crazy'. The therapist therefore wisely refrained from pressing the interpretation further and simply remarked, 'I think my interpretation yesterday must have frightened you'. The patient thought a moment, then said, 'To tell you the truth, Doctor, I can't remember what your interpretation was'. Interpretation for a considerable period thereafter centered upon the patient's fear.

[1] French, Thomas M.: *A Clinical Study of Learning in the Course of a Psychoanalytic Treatment.* This QUARTERLY, V, 1936, pp. 148–194.

After a period of about a month, however, this fear had diminished sufficiently so that the original interpretation could be repeated, and this time the patient was much better able to face and discuss it.

4. Relieving Anxiety by Encouraging Resistance

Not infrequently the natural reactions of the analyst tend to mislead him as to the significance of particular types of material in relation to the therapeutic process. It is especially easy for most of us to be misled in this way by defenses that have an aggressive character. As an example I may cite the case of a social worker, who began her analysis with an elaborate case history of her parents and a desire to discuss the parents' problems as she might have discussed the problems of some of her clients. After this there was a very evident need to be extremely technical in the discussion of her own mechanisms. It was obvious that the patient was attempting to play the rôle of analyst instead of accepting the rôle of patient. An analyst who was susceptible to such competition from his patients might have interpreted this as an aggressive and competitive masculine identification. He might easily have justified such an interpretation, for competitive motives of masculine identification did actually play a considerable rôle in this patient's behavior.

Such an interpretation would have missed the real significance of this patient's need at this time to emphasize her profession by discussing herself technically as a case history. As was abundantly confirmed by later material, this patient's need to maintain her rôle as a case worker in relation to the analyst was an attempt at intellectual mastery of an unconscious but intense anxiety with which the patient was approaching the beginning of her treatment. The problem in adaptation with which the patient was struggling was therefore the problem of overcoming her anxiety sufficiently to make it possible for her really to discuss her own personal problems. To have interpreted this resistance as motivated by an aggressive impulse

toward the analyst would only have increased the patient's anxiety. It would have driven the patient into a vicious circle, since an increase in her anxiety might easily have caused her to react more aggressively and thus stimulate further the analyst's own need to 'overcome her resistance'.

As soon as we realize, however, that the patient's therapeutic problem is not one of 'overcoming a resistance', but one of mastering anxiety, we see that the indication is not to push the patient at all to overcome her resistance. Our task is first to interpret her anxiety, and then to compare the analytic process to a child's gradually overcoming his fear in learning to swim or ride horseback and to explain to her that there is no hurry.

In this particular case the analyst even went so far as to give encouragement to her resistance. The patient herself was consciously very determined to 'overcome' her 'resistance' and kept reproaching herself about her difficulty in bringing associative material. To this the analyst replied that her attempt to drive herself was having the same effect upon her anxiety as an attempt on the part of the analyst to do the same thing might have had. It was only frightening her the more. Making use of the analogy of learning to swim or ride horseback, the analyst explained to her that the best way to overcome her fear was not to drive herself but to try to relax. She must wait patiently until a gradual relaxation of her anxiety permitted her material to emerge spontaneously. In these explanations the analyst even went so far as to point out to her the essentially protective function of the resistance as a much needed buffer, which kept her from plunging into disturbing material too rapidly. In other words the therapeutic indication at this time was to put the patient as much at ease as possible and to wait for the effect of a diminution of anxiety, which would make it possible for her in good time to bring out the content of the disturbing conflicts.

As the analysis progressed there appeared at first dreams which gave expression to the patient's acute anxiety, or which attempted to reassure her against it. In one such dream she

was on a narrow, insecure bridge, walking over a stream far below. Later the anxiety gradually began to appear in consciousness. It then became possible to sense that the anxiety was in reaction to extremely masochistic impulses in the transference. These masochistic impulses toward the analyst were themselves, as is so frequently the case, a reaction to a conflict between aggressive competitive impulses toward her mother and the patient's need to remain secure in her mother's love, a need which proved to be very important in this patient's life.

Just as hints of this masochistic transference were beginning to appear in the material, the patient one day confessed that she was withholding something. She asked if it was really necessary for her to tell it. Then for several days she was tortured by acute anxiety which made sleep impossible, while she was struggling in vain to overcome her resistance against telling me the thoughts that she was suppressing. After this futile procedure had continued for several hours in succession it finally occurred to me to ask myself a very simple question. Since this material seemed to be so painful, why was it that the patient had not succeeded in protecting herself more effectively against it by repressing it? This question gave me the clue to the real meaning of her behavior. It was evidently necessary for the patient to suffer. Telling me that she had some associations that she was withholding was motivated by the unconscious wish to provoke me to extract the disturbing material painfully from her. The patient must have had a need to convert the analysis into a painful process, in which she was to be compelled to make most disturbing confessions. When this was pointed out to her she brought immediate confirmation by recalling a time when another psychiatrist, years before, had actually succeeded after a long struggle in dragging disturbing material out of her. In the light of the hints that had preceded we can now sense that this need to make the analysis such a painful process was motivated by the urge to justify herself in utilizing the analysis for emotional gratification with the analyst as a father figure.

5. The Problem of Terminating the Analysis

The problem of termination of the analysis is one about which much has been written. Sometimes for long periods nothing new seems to be brought out by an analysis. It seems to be dragging out indefinitely. The analyst's conscience then may be disturbed by what seems a futile procedure. It is probably in reaction to such feelings of discomfort that proposals have frequently been made in the psychoanalytic literature for the analyst to set a definite date for the termination of the analysis. As we know, Freud experimented with this device of setting a date for termination; but he discussed it in terms which implied that he considered it an authoritative act, one which would probably injure the prestige of the analyst in the patient's eyes should the analyst be compelled later to change his mind.

The question as to termination or interruption of the analysis looks different, however, if we consider it in terms of the concept of the analysis as a learning process. The therapeutic problem then becomes one as to whether the patient will learn more inside or outside the analysis.

From this point of view an analysis may be divided into three phases. In the beginning the patient is usually dealing with a problem of adjusting to the analysis itself. In the example cited above, the problem was one of overcoming the patient's fear of the analysis. Some such resistance to the analytic process itself must be dealt with at the beginning of every analysis.

Later the problems with which the patient must deal are those in his or her real life situation for which he has in the past been unable to find a solution. Then as a result of the emotional support which the patient receives from his relationship to the analyst the intensity of these conflicts is somewhat reduced, so that he becomes able step by step to find a more satisfactory solution for these problems in real life.

If the analysis proceeds satisfactorily the patient's adjustment in real life situations ultimately becomes relatively satisfactory and his problem then begins to take on another character.

It becomes more and more one of dispensing with the emotional support derived from his relationship to the analyst and attempting to test out his newly won adjustments to real life without the aid of the analyst. Quite obviously the therapeutic indication will now be to broach the problem of interrupting or terminating the analysis.

In my experience it is usually neither necessary nor desirable to do this in an authoritative manner. Often at first the mere suggestion that the analysis ought to be terminated at some time will mobilize quite sufficiently the patient's conflict about getting along without analysis. The motives that induce the patient to cling to the therapy can then be analyzed. After these motives have been analyzed either patient or therapist may then proceed to more definite plans for interruption or termination.

In the discussion of the patient's reactions to the prospect of termination, the analyst may profitably compare the problem to that of a child learning to accept weaning or learning to walk without support.

There need be nothing arbitrary about a decision to terminate analysis on a particular date. Such a suggestion can be made as a quite tentative or experimental one. It may be that both patient and analyst have misjudged the intensity of the weaning conflict and in such a case, when approached in this way, there can be no harm in postponing the date agreed upon. When this happens, the patient's discovery that his resistance to leaving the analysis is so intense will in itself be an instructive experience. Usually for the same reason it is well not to think in terms of irrevocable termination of an analysis but rather in terms of an experimental interruption to determine whether the patient can permanently dispense with the analyst's aid.

Very fortunately if the analyst keeps alert and conceives the patient's reactions as a learning process, the material will usually give definite indications as to when the possibility of interruption or termination should be broached. One of the surest signs

is material alluding to the length of the analysis, either projected material protesting that the analyst is dragging out the analysis unnecessarily, or associative trends finding excuses for continuing in analysis, or unconscious material centering about birth, weaning, or other problems of separation from parental support.

Such associative trends are very often interpreted as resistance against bringing out unconscious material. The analyst, stimulated perhaps by the desire to recover some suspected infantile memories, may allow the analysis to be dragged out for a long time. Instead of thus clinging vainly to the hope of satisfying his curiosity the analyst should rather concentrate attention on the patient's own unconscious realization that he is clinging to the analysis for emotional support and that he is neglecting the task that lies ahead, which is to learn to get along without the analyst. Very often in such cases the only way to induce the patient to bring out the suspected memories may be to confront him with the problem in adjustment to real life of which the particular memory may have been just one example.

To illustrate we may cite the case of a patient who during a long analysis had developed keen insight into very many of her problems. At the time we are now considering she was bringing many dreams which were relatively easy to interpret. These she discussed in the analytic hours with a great deal of interest. She seemed like the ideal coöperative patient, but the numerous dream analyses brought out merely the same insights that had been discussed many times.

After a time, however, she herself began to be impatient and to protest that her analysis was lasting too long. Finally she proposed that the analysis ought soon to be terminated. The analyst did not discourage her in this decision and after a short discussion a date was set for termination after about one month more of analysis.

The next day, however, the patient reported that in the preceding twenty-four hours she had been obsessed with a sudden and complete scepticism about the validity of her whole analysis.

All that she had previously learned about herself and that she had come so enthusiastically to accept, she now felt to be 'all hooey'.

The meaning of this sudden scepticism was of course not difficult to guess. This patient's acceptance of interpretations had been only one side of an unconscious bargain. If the analyst would give her the emotional satisfaction and support of listening to and appreciating her keen intuitive understanding of dream analysis, then the patient would be quite content to believe what he told her and to accept his interpretations, but if the emotional satisfaction that she derived from the analysis must be renounced, then she was no longer willing to pay him the compliment of accepting his interpretations.

This reaction now made doubly clear the approaching problem in adaptation. Her next task must be to struggle through to an independent insight that no longer needs to be supported by the reward of fascinating intellectual discussions with the analyst. In as much as the patient's reaction indicates so clearly that this is the problem, we may take this reaction as an excellent confirmation of the decision of the previous day, namely, that it is now time for her to experiment with the problem of trying to walk alone.

APHRODITE, OR THE WOMAN WITH A PENIS

BY GÉZA RÓHEIM, PH.D. (NEW YORK)

Hesiod tells us how Aphrodite came into being when Kronos had separated his parents Heaven and Earth and castrated his father Ouranos:

'But the genitals—as after first severing them with the steel—he had cast them into the heaving sea from the continents, so kept drifting a long time up and down the deep and all around kept rising a white foam from the immortal flesh and in it a maiden was nourished.' [1] The myth evidently means that Aphrodite can only originate after the father has been killed and also points to the phallic origin of the love goddess. This goddess of love is partly indigenous, partly Oriental.[2] *'Signum autem eius est Cypri barbatum corpore sed vesti muliebri cum sceptro ac natura virili, et putant eandem marem ac feminam esse. Aristophanem eam Aphrodition apellat.'* [3] Rendel Harris actually derives Aphrodite from the mandragora of the ancients, the German *Alraun.* 'Hesychius explains the term Mandragoritis (She of the Mandrake) as meaning Aphrodite.' [4] Women wore mandrake roots next to their skin to make themselves irresistible. Its magic virtue is clear from the language of Homer. It was witchcraft and made its wearer, for the time being, into a witch. Hence Hera begs to use it so that she may operate on Zeus with more than normal charms, and it is interesting that in describing the loan of the *cestus* Homer lets us

[1] Banks, J.: *The Works of Hesiod, Callimachus and Theognis.* London: 1873, pp. 11, 12. Hesiodi Ascraei: *Quae supersunt, cum Notis Variorum,* edidit Th. Robinson. Oxonii, 1737, pp. 16, 17. Line 191. *Cf.* Schoemann, G. F.: *Die hesiodische Theogonie.* Berlin: 1868, pp. 48, 120. *Cf.* Roscher's Lexikon, articles on *Aphrodite* and on *Kronos.*

[2] Usener, H.: *Kleine Schriften,* IV, p. 68.

[3] Macrobius, *Sat.* III. 8. 3. Quoted by Rendel Harris in *The Ascent of Olympus.* Manchester: University Press, 1917, p. 113.

[4] Harris, R.: *Ibid.,* p. 112.

see behind his designedly obscure language a girdle containing a number of plants used as philters. The passage runs as follows:

'Give me the loveliness and power to charm
Whereby thou reigns't o'er gods and men supreme.
. . . . . .
Then Venus spoke and from her bosom loosed
Her broidered Cestus wrought with every charm
To win the heart, there Love, there young Desire
There fond Discourse and there Persuasion dwelt.'
Iliad, 14. 197 tr. Derby

'These potencies were, we suspect, originally vegetables, and the chief of them was the mandrake. Lucian, in his Dialogues of the Gods, makes Athene roundly charge Aphrodite with witchcraft, and Athene and Hera refuse to take part in the contest for beauty unless Aphrodite takes off that thing.' [5]

We have thus seen Aphrodite, the goddess of love, with a mandrake under her girdle. According to the traditions of mediæval magic the root originates from the ejaculated semen of a thief who emitted the semen while he was hanging from the gallows. The thief should never have had anything to do with a woman. The person who wishes to dig for it must stuff something into his ears so as to prevent him from hearing the terrible piercing yell of the root—when dug out it shrieks so that a person who hears it would die of fright. The root looks like a child and helps the women to conceive and deliver their children. It becomes a kind of familiar spirit and brings its possessor money and luck.[6] In *Les Evangiles des Quenouilles* of the sixteenth century we find the following prescription for becoming rich:

'Qui porroit finer d'un vrai mandegloire et le couchast en blans draps, et lui presentast à mengier et à boire deux fois

[5] *Ibid.*, p. 131.

[6] Wuttke, A.: *Der deutsche Volksaberglaube.* Berlin: Wiegandt und Grieben. 1900, pp. 102, 103.

le jour, combien qu'il ne mangea ne boive, cellui qui se feroit deviendroit en pou d'espace moult riche et ne sauroit comment.' [7]

We see that there is a striking parellelism between the origins of Aphrodite and the mandrake: there, froth from the penis of the castrated Ouranos; here, drops of semen from a man on the gallows. The child symbolism of the root goes well with its phallic significance. The Lady of the Mandrake would therefore be the woman with a penis and the great love charm she wears under her girdle is her imaginary phallus. We find her represented with helm and spear at Cyprus, in Cythera, at Akrokorinthus and Sparta.[8] At the mysteries held in Cyprus in honor of the goddess, the initiates received a phallus and salt.[9] Nilsson enumerates all the androgynous elements in the cult of the goddess, which finally culminated in forming a being called Hermaphroditus, a combination of the phallic Hermes and the goddess of love.[10]

Some scholars believe that Aphrodite is a goddess derived from the Orient, others however regard her as originally Greek. The view that a Greek goddess of love has borrowed many features from Ishtar-Ashtarte seems to be the view most frequently held. In tracing the Oriental prototypes or parallels of Aphrodite we soon find that we are on the trail of the serpent. 'Eve or Havva means the serpent and Phoenician inscriptions invoke a goddess Eve who seems to have been a goddess of the underworld.' [11] Eve is probably identical with Ishtar, 'the great mother serpent'.[12]

[7] Sebillot, P.: *Le Folk-Lore de France.* Paris: Librairie Orientale et Americaine. 1906, III, p. 487 (*Les Evangiles de Quenouilles.* II, p. 2).

[8] *Cf. Aphrodite* in Roscher's Lexikon. Vol. I, p. 404 for references.

[9] Nilsson, Martin P.: *Griechische Feste von religiöser Bedeutung.* Leipzig: Teubner. 1906, p. 365.

[10] *Ibid.*, pp. 369–374.

[11] Róheim, Géza: *The Garden of Eden.* Psa. Rev., XXVII, 1940, p. 194. Gressmann, H.: *Mythische Reste in der Paradieserzählung.* Archiv für Religionswissenschaft, X, 1907.

[12] Langdon, S.: *Tammuz and Ishtar.* Oxford: Clarendon Press. 1914, p. 114.

At Dir a mother goddess and her son were both worshipped under the title Ka-Di. The mother goddess of Dir was a type of Innini (Ishtar) and this goddess, Ka-Di was known as a serpent goddess, 'the divine serpent lady of life'.[13]

Here we drop the thread for the time being in order to follow the idea of the *phallic mother* in our clinical data and in European folklore.

The following dreams are those of a patient whose analysis was what is usually called a 'character analysis'.

The patient's main problem is that he cannot give up his wife who lives in another country, nor can he make up his mind to live with her again or even correspond with her, because if he wrote her he would have to write something about his intentions one way or the other. In the meantime he is having several affairs. One of his mistresses is very attractive, but he hates her because she does not have an orgasm. Moreover, she emphasizes this shortcoming by making a big scene after intercourse and reproaching him bitterly for not having given her an orgasm. The patient does not understand why he goes on with his mistress since these scenes are so humiliating. At this point he dreams:

1. 'I see a woman who has very little breasts. I say it does not matter if they are destroyed (this is implied) because it is easy to replace them.'

2. 'I am looking at a map with Lord Robert Cecil. Curiously enough it is a map where the main country (England) [14] has a map of its own and this central map is surrounded by various smaller maps, that is, separate maps of the surrounding countries. I tell him that countries ought to unite in blocks, then it would not be so easy to attack them. He says this is impossible, the experiment had failed even in the case of X (which stands for the name of the country in question).'

[13] *Ibid.*, p. 119. Baudissin, W. W.: *Adonis und Esmun.* Leipzig: J. C. Hinnrichs. 1911, p. 338, fn. 2.

[14] The patient is British.

Associations to the first scene: The small breasts are those of his frigid mistress. He slept with her the night before the dream and was angry with her for various reasons, including the usual one. In general she nags him, like his wife.

He mentions the fact that she always wants to be tickled on the breast and says that if he did that she would get an orgasm. For some reason he refuses to do it.

Interpretation: Not only does he not want to do this but he wishes to destroy her breasts as implied in the dream. The possibility of a restitution is merely a camouflage for the destructive wish.

Associations: He talks about various nipples including hirsute ones like those of his mistress. Also he mentions his aunt, remembers seeing her suckling her baby (he was about eight years old), and that when he asked what she was doing he was told to 'shut up'. Then he talks about another mistress who does achieve orgasm and the peculiar tension he has observed around her nose when she reaches orgasm. In these moments she looks like Mr. X, the manager of a bank who was once about to employ him but failed to do so.

Interpretation: It seems that the nipple he wishes to destroy is really the imaginary female penis or the clitoris (hirsute nipple). This is confirmed by the curious fact that notwithstanding his repeated and diligent investigation he has not been able to find the clitoris. Moreover it seems that when a woman does get an orgasm she becomes a male from his point of view (mistress looks like bank manager). This solves the riddle of his frigid mistress: the reason he always goes back to her is found in the very fact that she does not have an orgasm. Whenever she reproaches him bitterly he is really triumphant because he has had his orgasm and she has not had hers. His superiority as a male has been vindicated; he has a penis and she has none.

Associations: This must be the reason why things did not click with his wife. She always had an orgasm and although the coitus was satisfactory, he could not live with her because

he always thought that she was critical of him or looked down on him.

Interpretation: The moment she gets an orgasm she becomes his father. Hostility then sets in because she is a man (defense against homosexuality) and because she is the father (œdipus complex).

Now if we look upon all this from the viewpoint of the male's fantasy of the woman with the penis, we remember that this fantasy originated in an attempt to deny the vagina, the wound, the absence of the penis, i.e., in castration anxiety. Therefore the return of the repressed—i.e., the desire to annihilate the imaginary female penis—is to be expected. The castration threats that he remembers—'I'll cut your finger off if you masturbate'—actually came from his mother, so he naturally retaliates with the corresponding fantasy, 'I'll cut yours off'. We have therefore anxiety in both situations: if the woman does have an orgasm she represents father, and if she has no orgasm, i.e., no penis, then neither does he. Thus the postcoitus scene with his mistress should be interpreted both ways: he is triumphant because he has had his orgasm and she has failed, but also he is castrated because if she has no penis (orgasm) then he does not have one either. These identification mechanisms are the right introduction to the interpretation of the second dream scene.

Interpretation and Association, the second scene: Lord Robert Cecil was the English blockade minister in the first world war. He became so guilty about the blockade and the children who suffered hunger that he became a leading figure in the League of Nations. The meaning of the maps is now quite clear. The central country (England) is the mother and the smaller countries with the maps of their own are the children who, when frustrated in the dual-unity situation, declare that they will have maps of their own—become independent and grow up. The dreamer says that the countries should be united, that is, he wishes to restore the dual-unity situation, then nobody would attack him. But Lord Robert

replies that the X experiment failed. He (the dreamer) doubts whether that is possible because his marriage with his X[15] wife was a failure.

The next dream is that of a patient with ejaculatio præcox:

'I am lying on the couch at home. A fat girl whom I don't like throws herself on me. She has very hairy nostrils—disgusting. She touches my penis with her hand and I ejaculate immediately. I awake, realize that I had a wet dream, and go to sleep again. I continue to dream and am back in the old house where we used to live in my childhood. One half of the apartment belongs to another fat girl and she is just about to celebrate her wedding. This is a girl with whom I necked the other day on the stairs and came in my trousers. She has a silver shining wedding gown.' This scene ends and he then sees three containers of chocolate milk. He has brought one closed container of chocolate milk but has to carry an open one away. He puts it carefully in his overcoat pocket but it spills and he awakens.

Associations: 'The hairy nostrils, like a rat going into a sewer. The girl throws herself on me; I usually do that with the girls.' The old house; a memory of looking into a deep stairway—very dark—and spitting into it. Then he remembers having defæcated in his pants in that apartment.

Interpretation: All the girls in the dream have big breasts. The dark stairway must be a screen memory for mother's vagina (the hairy nostrils). He saw his mother's vagina in this apartment and in his excitement he must have defæcated (the chocolate milk) or urinated in his pants.

Associations: The silver wedding gown might have been like the gowns his mother wore. The silver is like a fish, a mermaid, a woman with a penis. The milk container, because of its shape and because of the spilling must be his penis. The three containers: a pawn shop; three balls; penis and balls; father, mother and himself.

[15] X, as before, stands for the name of the country and the nation which for obvious reasons has to be omitted.

Interpretation: Two of the three containers represent his mother's breasts with which his penis, the third container, is to form a trio. The fluid or excrement he produces at the sight of the mother's vagina (fantasied penis) is a symbolic equivalent to mother's milk.

Association: A previous dream in which the first fat girl performed fellatio with him.

We have seen the first patient's difficulties with women. He has a mistress to whom he always returns, although she experiences no orgasm, because if she did have an orgasm she would become a father representative and hence a threat. The whole situation is that of a Hungarian anecdote. A soldier is having intercourse with a girl who is responding to his thrusts with vigorous counterthrusts. After a time he suddenly exclaims, 'Hey you! Who is fucking here, you or I?'

In a highly suggestive paper Ruth Mack Brunswick describes a male patient who accuses her of lying, whereas the lie is really the patient's lie, i.e., the fantasy of a woman with a penis. When the patient's little sister was born he remarked that the whole area of the small girl's genital (meaning the *mons Veneris* and the *labia majora*) was protuberant—as protuberant as a penis. 'The absence of pubic hair further emphasized its phallic appearance. Much as this patient consciously enjoyed the female genital, he was aware of an aversion to pubic hair. *The entire genital of the young female child thus was labeled phallic by the patient and accepted on that basis.*' [16] Ruth Mack Brunswick then goes on to explain that women who have no orgasm are justified in pretending to have one because in these women the female orgasm is bound up with their fantasied penis, that is, in simulating an orgasm they are living out their own fantasy of an imaginary penis. 'The traditional masculine idea about women is that they possess no authentic sexuality, no need and no desire for

[16] Brunswick, Ruth Mack: *The Accepted Lie.* This QUARTERLY, XII, 1943, p. 460. (Italics mine.)

sexual relations. It is as if all sexuality, being attributed to the phallus, were, as the result of the acknowledgment of the absence of the phallus and out of some strict unconscious logic, denied to women.' [17]

We would add to this, not because of 'some strict unconscious logic', but because from one point of view the female phallus (orgasm) is a threat to the male. Hence we have the double standard, and hence also the value placed on female chastity.

Our first patient showed an ambiguous attitude toward female sexuality. There were two possible solutions of the conflict: (1) the woman should have no orgasm (penis) because her penis is a threat to his penis; (2) she should have an orgasm (penis) because if she is castrated then he is also castrated. It is an interesting fact that one group of African tribes has taken one of these directions and decided that women should have no sex (in so far as sex is phallic or clitoridic), while another has chosen an opposite course and decided in favor of the 'woman with the penis'.

'In a grown-up woman', Bryk tells us, 'we find two vaginal types: the one without the clitoris *(vagina ankleitoridica)* of the pastoral tribes, and the one with exaggeratedly long labia among the Bantu tribes *(vagina hypertelica)*. Both forms are artificially created: one by circumcision (Elkoyni, Sebeyi, Massai, Lumbwa, Kitosh, Kikuyu, Kamba) or burning (Nandi); the other through massage and partly through chemical influencing of the labia.' [18]

Bryk gives a detailed description of how the clitoris is burnt by the Nandi. The outstanding features of the ceremony are the wearing of the male ornaments by the girls and the erection by each girl of a little tower made of twigs which is very similar to the mounds of termites.[19] There is a fantastic story told

[17] *Ibid.*, p. 463.

[18] Bryk, F.: *Neger-Eros, Ethnologische Studien über das Sexualleben bei Negern.* Berlin: A. Marcus & E. Weber, 1928, pp. 32, 33.

[19] *Ibid.*, pp. 69, 70.

to the initiates about a lion being brought into the hut by the old woman and about drinking the lion's urine. Bryk went into the hut where the girl was secluded after the extirpation, but the breaking of the taboo was compensated when he spat into the hand of the old woman who acted as the young girl's guardian. If he had refused to do this she would have been compelled to go on a hunger strike and eventually would have died of hunger.[20] The male ornaments donned by the girls evidently represent, like the clitoris, the female penis they are about to lose, while the towers are a symbolic substitute for what they have lost. The fact that in the enclosure around these towers they keep counting the cattle they will have seems to indicate that wealth in cattle is also a substitute for the loss of the illusory penis. This leads to an interpretation of one aspect of these customs, that is, the rôle played in them by fluids: saliva, urine and, according to another report, milk. The father's maternal uncles and the eldest brothers anoint with milk the girls' face, breasts and legs, and they pour milk on the heads of their guardians.[21]

Among the Dilling, in about the eighth month of pregnancy, a small cutting operation is performed on the vulva of every woman who is pregnant for the first time. At the same time perhaps, the clitoris is removed. The old woman who operates oils the wound and also the penis of the husband. Husband and wife sleep together but do not have intercourse. Next morning the husband rubs the wife all over with the remains of the oil. When the child is born the husband goes to the same old woman and gets more oil from her with which he rubs the breasts and umbilicus of his wife.[22]

We find the same parallelism between the umbilical cord and the penis in the customs of the Somali. When a male child

[20] *Ibid.*, pp. 69–71.

[21] Hollis, A. C.: *The Nandi, Their Language and Folk-Lore.* Oxford: Clarendon Press, 1909, p. 58. On milk in the boys' circumcision rites, *ibid.*, p. 55.

[22] Seligman, C. G. and Seligman, Brenda: *Pagan Tribes of the Nilotic Sudan.* London: George Routledge & Sons, 1932, p. 389.

is born they take pains to cut the umbilical cord in such a way as to leave as much as possible and then try to stretch it, for the longer it is the longer will be the penis.[23]

The tribes which combine infibulation with clitoridectomy show quite early that the purpose of the operation is simply to destroy female sexuality. A girl is circumcised in her seventh year and part of the clitoris and the labia are cut away. Then they use thorns and needles and hairs from their horses' tails as threads and sew the whole thing up with three thorns. When the husband on the wedding night 'opens' the woman she bleeds twice: once when he cuts open the suture with his knife, and again when his penis pierces the hymen. After the sewing up there is a tiny hole just large enough for urine. The clitoris is completely cut off. The vaginal opening is sewn up, the hair on the *mons Veneris* shaved, and the aim of the whole thing is obviously to obtain a perfectly smooth surface.[24]

The origin myth of this tribe runs as follows: In olden times the Somali were ruled by an old woman named Arranello. She gave strict orders that the testicles of every newborn boy were to be cut off. The queen ordered the eunuchs to bring her a load of berries on a camel but without using a sack. They found an old man who had not been castrated and asked him what to do. He advised them to plaster the camel's back with soft earth and stick the berries into it. She then ordered a ladder to reach from the earth to the sky and told them to go back and ask for the measurements. On the way they wanted to water their camels but she forbade them to do so because she wanted to dip first one and then the other finger into the water. She was finally killed by the one surviving male whereupon it turned out that she was really a woman and not a man, a fact which had been in doubt up to that moment.

[23] Róheim Géza: *National Character of the Somali.* Int. J. Psa., XIII, 1932, p. 219.

[24] *Ibid.*, pp. 199–201. For further details *cf.* Ferrand, G.,: *Les Çomâlis.* Paris: Ernest Faroux, 1903, pp. 200, 201.

Only the man who has kept his genitalia can solve the problem of the berries in the sack (testicles) and of the ladder that reaches to the sky (erection).[25] To water the camel means to have intercourse, and the castrating queen says that she wants to dip her fingers into the water, i.e., *she* has the penis and the orgasm, not the male.[26]

While these Hamitic or other pastoral tribes deal with their own castration anxiety by means of rites which aim at obliterating the female genitalia—especially the woman's 'penis'—as a source of sexual desire,[27] we have a group of Bantu tribes who seem to aim at artificially creating a woman with a penis. The Baganda, Bagishu and Suaheli girls have what they call a *Mfuli.* Older women teach the young girls to go into the forest, get a certain plant, rub it on their hands and then pull at their *labia minora* till it is about the length of their little finger. Sometimes one of the boys catches the girl while she is masturbating in this way and mischievously tries to take the plant from her. She begs him, 'Please don't do it! You will spoil my *Mfuli.*' Other methods of elongating the labia are also known. The result is the so-called 'Hottentot apron', an elongated, protruding sex-organ into which the penis must first be inserted before it can penetrate the vagina in the sexual act.[28]

We find abundant data in mediæval and modern beliefs about witches and witchcraft that throw some light on this subject. *The witch is the phallic mother.* The *Mzech,* a tribe in the Caucasus, believe that the souls of unbaptized girls become *Kudiani,* i.e., witches. *Kudi* means tail, and they think these

[25] Róheim, Géza: *National Character of the Somali. Op. cit.,* pp. 217, 218.

[26] On the operation itself see further data in H. Ploss and M. Bartel: *Das Weib.* Leipzig: Th. Griebens. 1908, I, pp. 261–277.

[27] According to F. Bryk, *Circumcision in Man and Woman* (New York: American Ethnological Press, 1934, pp. 270, 271), Hagar was circumcised by Abraham because of Sarah's jealousy and St. Ambrosius writes that the girls in Egypt are circumcised 'when the passion of sex begins'. An Arab merchant told Niebuhr that the aim of the operation was to prevent the erection of the clitoris. (*Op. cit.,* p. 289.)

[28] Bryk, F.: *Neger-Eros. Op. cit.,* p. 34.

women have tails.[29] In Gypsy folklore the phallic nature of witches is a 'big duck's foot'.[30] The *Suyolak* (a kind of devil) smears the witches' back with his saliva which makes them grow a little tail. If somebody strikes this with a branch of belladonna it grows into a very long tail.[31] The Rumanians believe that the witch has a tail and a horse's foot.[32] The Tshuvash, a Turko-Tartar people in Russia, believe that witches have a tail about the size of a finger which in the case of one old woman became visible when they undressed her on her death-bed.[33] The Tshuvash probably got this idea from the Russians because the Russians believe that every male witch has horns and every female witch has a tail.[34] According to the record of a Hungarian witches' trial in 1742, somebody found a girl with a tail and since the mother of the child also had a tail it was clear that they must be witches.[35] The Hungarians in Aranyosszék still believe that witches have tails.[36] The Huzuls believe that if they cut off the tail the witch loses her power. [37] The Kethely version includes the hairy foot.[38] In German folklore we have the witches of Silesia with

29 Chachanov: *Meschi, Ethnographiceskoje Obozrjenie.* II, 1891, p. 12. This and the following data on phallic symbols and witches have been quoted by me in my *Adalékok a magyar néphithez (Contributions to Hungarian Folkbelief).* Budapest: Hornyánszky, 1920, p. 236.

30 von Wlislocki, H.: *Volksglaube und religiöser Brauch der Zigeuner.* 1891, p. 121.

31 *Ibid.,* p. 122.

32 Moldován, G.: *A magyarországi románok. (The Rumanians in Hungary.)* Budapest: Nemzetiségi Ismertetö Könyvtár, 1913, p. 327. (The horse's foot is of course derived from the devil.)

33 Mészáros, G.: *A Csuvas ös-vallás emlékei (Survivals of Tshuvash Paganism).* Budapest: Magyar Tudományos Akadémia, 1909, pp. 259, 260.

34 Ralston, W. R. S.: *The Songs of the Russian People.* London: Ellis and Greene, 1872, p. 404.

35 Komáromy, A.: *A magyarországi boszorkányperek oklevéltára (Hungarian Witches' Trials).* Budapest: Magyar Tud Akademia, 1910, p. 507.

36 Jankó, J.: *Torda Aranyosszék Toroczkó magyar népe (The Hungarians in Torda Aranyosszék and Toroczjó).* 1893, p. 242.

37 Kaindl, R. F.: *Beiträge zur Volkskunde Osteuropas.* Ztschr. des Vereins für Volkskunde, 1917, p. 242.

38 Békefy, R.: *Kethely és környékének néprajza (Ethnography of Kethely).* 1884, p. 46.

their prominent chins [39] and those of the Upper Palatinate with mustaches.[40] Serbian witches have a beard.[41]

Another characteristic feature of witches is their sexual activity. In the Hungarian witches' trials the witch and the harlot are parallel or synonymous expressions; in a trial at Kolozsvar (1568) the statement was made: *'E boszorkány baszó bestye kurvák im az én fiamra támadtak'* (These fucking, beastly, whore witches are after my son'). A witch is also called 'a beastly famous harlot'.[42] One accusation is based on someone having overheard a husband call his wife a 'beastly whore witch'.[43] Women are sentenced for both offenses at a time, i.e., for prostitution and witchcraft.[44] The Hungarian word *Boszorkány* is derived from a root that means 'to press down' *(premere),* both in the sense of weighing down on somebody and of coitus (in Hungarian: *baszás*).[45]

Moveover, a characteristic supernatural manifestation of the witches' power is flying through the air.[46] After having smeared themselves or their implements with a magic ointment, witches fly out of the house through the chimney on brooms, pitchforks, spoons, birds' tails or three-legged stools.[47] By throwing the bridle reins on her sleeping husband the witch transforms him into a horse and flies to the witches' Sabbath. Sometimes he turns the tables on her and mounts the witch.[48] According to the Wends, witches fly through the chimney

[39] Drechsler, P.: *Sitte, Brauch und Volksglaube in Schlesien.* Leipzig: Teubner, 1906. II. p. 245.

[40] Schonwerth, F.: *Aus der Oberpfalz.* 1857, I, p. 365.

[41] Krauss, F. S.: *Slavische Volkforschungen.* Leipzig: Heims. 1908, pp. 107, 108.

[42] Komáromy, A.: *Op. cit.,* pp. 14, 15.

[43] *Ibid.,* pp. 33, 45, 47.

[44] *Ibid.,* pp. 192, 193.

[45] Nightmare or a disease (derived from night-mare) is called *al basar*— the red presses (him or her). *Al,* the red, is a demon. Mészáros, Gy.: *Osmanisch-türkischer Volksglaube.* Revue Orientale. 1906, p. 55. *Az oszmán—török nép labondi.* Ethnográphia, XVII, 1906, p. 25.

[46] *Cf.* for the following, Jones, Ernest: *Nightmare, Witches and Devils.* New York: W. W. Norton & Co. 1931, p. 258.

[47] Wuttke, A.: *Op. cit.,* p. 157.

[48] Krauss, F. S.: *Op. cit.,* pp. 49, 50.

on their brooms or transform themselves into geese and even carry a man on their back when they fly in this shape.[49] 'The belief in the power of witches to ride in the air is very ancient and universal in Europe. They flew either unsupported, being carried by the devil, or were supported on a stick; sometimes however, the animal which they rode passed through the air.' The flying was usually preceded by anointing the whole or part of the body with a magical ointment.[50] The author of the anthropological study of witchcraft quoted above remarks quite seriously, 'The witches themselves confirmed the statements about riding on animals to the Sabbath'. De Lancre says that witches *'se font porter iusqu'audit lieu sur une beste, qui semble parfois un cheval et parfois un homme'*.[51] Isobell Gowdie (1662) said, 'I haid a little horse and wold say, "Horse and Hattock" in the Divellis name! And then we wold flie away, quhair we would be ewin as strawes wold flie upon an hie-way'.[52] At Beltane, that is the first of May, witches collect the dew, take the milk from the cattle and then the produce of the whole month, and fly through the air on broomsticks.[53]

Fairies and witches fly at full speed on Halloween.[54] In Mecklenburg the following tale is told: On the morning of May day a young boy awoke perspiring. He told another lad that he had been transformed into a horse and the master's wife had been riding him all night. The same thing happened the next May day. She threw the bridle on his head, he became a black stallion and she rose on his back to the Blocksberg. As the clock struck midnight the witches came riding from all directions on brooms, pitchforks, rakes and goats. Then the devil came in his traditional outfit and finally the lad saw

49 Veckenstedt, E.: *Wendische Sagen, Märchen und abergläubische Gebräuche.* Graz: Leuscher & Lubenscher, 1880, pp. 285–287.

50 Murray, M. A.: *The Witch Cult in Western Europe.* 1921, p. 100.

51 *Ibid.*, p. 102.

52 *Ibid.*, p. 105.

53 Banks, M. Mackleod: *British Calendar Customs.* Scotland II. Oxford: Clarendon Press, 1939, p. 241.

54 *Ibid.*, III, 1941, p. 109.

them have intercourse with each other. Finally he turned the tables on her: she became the horse, he had her shoed and she died of her wounds.[55] In these narratives of the witches' flight the introduction is usually the Peeping Tom episode in which a young lad sees his master's wife preparing to fly to the witches' Sabbath. The witches' Sabbath is a coitus scene and the master's wife is of course the mother.[56]

In a version from Lower Austria the witch is actually the lad's mother.[57] The sexual content of the scene is apparent not only in the versions which contain the official full-blown belief in the coitus of the witch with the devil[58] but also in many minor details of folklore. Hungarian witches ride to the Szent-Gellért mountain for pepper because pepper is believed to be an aphrodisiac.[59] In the Tyrol, witches ride through the air in a magic saddle for salt which probably means the same thing as the pepper of Hungarian folklore.[60] In the voyeur scenes we either find the witch riding on a man who has been transformed into a horse or smearing a broom or fork with the famous witches' ointment and riding on that. The broom or fork is evidently a phallic symbol, and we have therefore another voyeur scene, namely, that of the boy who has seen his mother's vagina and imagined that what he sees is really a penis. This interpretation is confirmed by variants of the custom in which the witch is seen through a hole, that is, seeing the witch and seeing the hole are the same thing.

[55] Bartsch, K.: *Sagen, Märchen und Gebräuche aus Mecklenburg.* Vienna: Braumüller, 1879. I, pp. 121–125.

[56] *Cf.* Róheim, Géza: *Adalékok a magyar néphithez. Op. cit.,* p. 240.

[57] Loeb, W. L.: *Sagen Niederösterreichs.* 1892, p. 64.

[58] Heppe and Soldan: *Geschichte der Hexenprozesse.* Munich: Georg Müller, 1911. I, p. 143.

[59] Dömötör, S.: *A borstermö Gellérthegyröl. (Pepper grown on Mount Gellert.)* Ethnográphia, 1940, p. 255.

[60] Zingerle, Ignaz V.: *Sagen aus Tirol.* 1891, p. 465. *Idem, Die Hexen fahren um Salz.* Ztschr. für deutsche Mythologie und Sittenkunde, IV, 1895, p. 149. On the meaning of salt, see Jones, Ernest: *Essays in Applied Psycho-Analysis.* London: International Psychoanalytical Press, 1923. The Symbolic Significance of Salt, pp. 112–203.

When a cow urinates while being milked Gypsies catch the urine in a woman's shoe, thus also equating a woman's shoe and a hole.[61] Helwig, enumerating the superstitions current in Angersburg in 1717 says, *'Ut iam taceam superstitionem mulierculam, quae simulac vaccas lac cum cruore reddere observant, per foramen lapidis fulminaris eos mulgere solent vel cunis infantum hos lapides imponere ne fulmine tangentur'.*[62]

In Brandenburg, when there is blood in a cow's milk it is milked through a knot hole in an oak.[63] A perforated stone called *'Trudenstein'* (witches' stone) was used for the same purpose.[64] The vaginal interpretation of the hole in these rites is completely borne out by variants of the custom in which the cow is milked through a wedding ring. This occurs when the witches have been after the cow and the cow's milk is full of blood (Silesia and Huzuls).[65]

On St. John's day in Austria they take a cherry branch shaped like a fork and through the hole they can see the witches at the Midnight Mass, all seated with their backs turned toward the altar.[66] In Gossensass when the priest at the Midnight Mass shows the Body of Christ you can find out who is a witch by looking through a hole in a piece of wood or a hole in the shaft of a shoe-nail.[67] In Hungary (County of Bács) they use a reed and look through this on the Eve of Saint Lucia to

61 von Wlislocki, H.: *Op. cit.*, p. 120.

62 Toeppen, M.: *Aberglauben aus Masuren.* 1867, p. 92, quoting Helwig.

63 Kuhn, A.: *Märkische Sagen und Märchen.* Berlin: G. Riemer, 1843, p. 379. Knoop, O.: *Volkssagen, Erzählungen, etc., aus dem östlichen Hinterpommern.* 1885, p. 171.

64 Andree-Eysn, M.: *Volkskundliches aus dem bayrisch-österreichischen Alpengebiet.* 1910, p. 10. Andree, R.: *Trudensteine.* Ztschr. d. V. für Vk., 1903, p. 297.

65 Drechsler, P.: *Op. cit.*, Vol. II, p. 254. Kaindl, R. F.: *Die Huzulen.* Vienna: Alfred Hölder, 1894, p. 89. For further data on this subject *cf.* Róheim, Géza: *Adalékok a magyar néphithez, Op. cit.*, pp. 222, 223.

66 Loeb, W. L.: *Op. cit.*, p. 65.

67 Rehsener: *Gossensasser Jugend.* Ztschr. des Vereins für Volkskunde, VIII, p. 251.

see who is a witch.[68] In Moravia they start knitting a stocking on the day of Saint Lucia and at the Midnight Mass on Christmas Eve they look through a hole in the stocking to see the witches riding round the altar on oven brooms and oven forks with milk pails on their heads.[69] In Silesia they make a milking stool on Assumption Day and through the three holes in this stool they can see the witches in church at Christmas.[70]

In the Poltava Government if anyone takes a willow or aspen twig with him to matins on Easter day and looks at the congregation through it, he will see all the wizards and witches among them turned upside down.[71] The Bulgarians in Southern Hungary believe that by pushing the knothole out of a tree that has been cut on Saint Lucia's day and looking through the hole, witches become visible at Christmas Eve.[72] Witches are observed through a natural knothole and the same knothole is used in magical rites to counteract the effect of the witches' evil magic on cows.

The Rumanians of Klopotiva, County of Hunyad, believe that if someone finds a piece of wood with a knothole in it early in the morning, with the dew still on the wood, he should take this piece of wood, wrap it in a clean cloth and keep it in the cleanest place in the house. If blood is found in the cow's urine the master of the house goes to the stable at midnight and makes the cow urinate through this hole. This deprives the witch *(moroznica)* of all her power. The object is called the 'vagina of the witches'.[73] The Serbians fear

[68] Bellosics, B.: *Ünnepek Babonái (Superstitions of Holidays).* Ethnográphia, 1896, p. 182. *Idem: Bács vármegye monographiaja (Monograph of the County Bács).*

[69] Vaclavek: *Land und Volk der mährischen Walachei.* Ztschr. für österreichische Volkskunde, II, 1896, p. 249.

[70] Wuttke, A.: *Op. cit.*, p. 258.

[71] Ralston, W. R. S.: *Op. cit.*, p. 387.

[72] Czirbusz, G.: *A délmagyarországi bolgárok.* Budapest: Nemzetiségi Ismertêtö Könyvtár, 1882, p. 121.

[73] Róheim, Géza: *Adalékok a magyar néphithez. Op. cit.* Such an object is in the Hungarian National Museum. Ethnographic Department, catalogue No. 87, p. 771.

that the witch will 'dry out' the cow, so they make a wedge of birchwood just under the cow's navel.[74]

The knothole, or in general the hole through which the witches are observed, is the vagina. The whole voyeur scene is based on the moment in a boy's life when he first catches sight of his mother's genital organ. He believes that what he really sees is a penis, i.e., he deludes himself into this belief. While in our folklore the penis is clearly represented by the broom or fork used by the witch in her flight,[75] it is also evident that the penis fantasy is a defense against the perception of the vagina, for the whole scene is observed through a hole.

In order to fly the witches must have the famous witches' ointment. M. A. Murray in all seriousness tries to show the efficacy of this witches' ointment,[76] although how it could make people fly still remains a mystery. In the witches' trials at Hessen one witch declares that she has not used any ointment, but that her lover took her on a black he-goat. Another got there by holding the tail of the goat. Agnes Gerhardt confesses that she has anointed her soles. Some witches use the ointment on both sides and fly through the chimney; or they ride on a black goat with a branch (*Rute*—also the word used for penis) in their hand.[77] In Hungarian witches' trials the witch smears her armpits and her son's armpits with fat and they both fly through the chimney;[78] or they smear soles, hands, feet and armpits.[79] Wend witches anoint themselves, grasp their brooms and fly. The young lad who tells the story says that one of the witches was his mistress, the other her mother.

74 Krauss, F. S.: *Op. cit.*, p. 74.

75 In one of the witches trials (1598) the devil's penis is compared to an 'Ofengabel-Stiel'. Murray, M. A.: *Op. cit.*, p. 179.

Hungarian girls sweep the floor and use the incantation known from witches' trials for flying when they wish their lovers to appear. Szendrey: *Magyar népszokások a fonóban (Hungarian Folkcustoms Connected with Spinning).* Ethnográphia. 1928, p. 152.

76 Murray, M. A.: *Op. cit.*, p. 279.

77 Crecelius, W.: *Auszug aus den hessischen Hexenprozessacten von 1562–1633.* Ztschr. für deutsche Mythologie und Sittenkunde, II, 1855, p. 65.

78 Komáromy, A.: *Op. cit.*, pp. 415, 416.

79 Komáromy, A.: *Ibid.*, pp. 576–578.

The ointment they use is the grease of toads.[80] They also make 'poison', i.e., a magical substance out of toads by cooking them.[81] The witch in Göcsej (Hungary) appears in the shape of an ugly toad.[82] A woman who had a lover, left home at night. She took an ointment, rubbed it on her armpits and soles and flew. While she was rubbing the ointment she said:

'Czucz, kerekëggyi
Lapis domboroggyá
Mingyár ott legyck
A hun akarok!'

This means:

'Become round,
Flat one, become convex;
May I immediately be
Where I want to be!'

A wagon smeared with witch's ointment rises up into the air.[83] The meaning of the incantation is evident: what is flat now becomes round after the flight; the witch herself is pregnant.[84] Moreover the use of the toad, a symbol of the uterus,[85] makes the meaning of the ointment quite clear: it is vaginal secretion. Now we understand why flying (coitus) and ointment go together, and why in the incantation that which is flat becomes round.

[80] Gönczi, F.: Göcsej. 1914, p. 161.

[81] Heppe and Soldan: *Op. cit.*, II, p. 401.

[82] Gönczi, F.: *Op. cit.*, p. 161.

Killing a toad will cause the cows to have bloody milk. Brewster, P. G.: *Specimens of Folklore from Southern Indiana.* Folklore, XLVII, 1936, p. 367.

[83] Gönczi, F.: *Op. cit.*, p. 159.

[84] The same incantation occurs when baking bread, and those who say it end up by smacking their lips. After this Sebestyén publishes the incantation used for churning butter, 'Want, want butter, Behind the door a pregnant girl, She wants butter'. Sebestyén, G.: *Dunántúli Gyüjtés.* Magyar Népköltési Gyüjtemény. VIII, Budapest: Athenæum. 1906, p. 422.

[85] Andree, R.: *Votive und Weihegaben.* 1904, p. 129. Róheim, Géza: *Adalékok a magyar néphithez. Op. cit.*, p. 219. Dr. Jones interprets the ointment as semen. *Cf.* Jones, Ernest: *Nightmare, Witches and Devils. Op. cit.*, p. 208.

Up to this point we have shown that the witch is the phallic woman, that phallic means sexual, and that the witch is the woman who has an orgasm (flight, ointment). But the witch is also the woman who deprives the male of his potency.

At Körmend in the year 1742 an old woman for some reason threatened a man at a wedding. For a month after that he could not have intercourse with his wife, and his virility was only restored when she gave him a piece of bread for that purpose.[86] The magic that prevents love is called *'elkötni'* (to tie).[87] A man is tied by his own wife because she has a lover, and he loses his virility. The object used for this purpose and hidden in the ground is called *'kötés'* (a tying).[88] A piece of tin is tied with a white thread and thrown into a well.[89] Sixteenth century writers comment on the fact that the one natural function interfered with by the witch is coitus—but never eating.[90] There is a whole chapter on the subject in the *Malleus Maleficarum* (Chapter VI: *De modo, quo membra virilia auferre solent).* Witches in Mecklenburg tie three knots in each other, put them under the bed of a young married couple, and thus prevent conception.[91]

In 1920[92] I traced the migration of the following custom from the West to Hungary. When the priests lifts the Body of Christ at the Midnight Mass, those who want to find out who is a witch in the village kneel on low stools called *'Luczaszék'*, i.e., the stool of Lucia, in Hungarian. This stool has to be made starting on the day of Saint Lucia (December 13), and it is important that some work be done on it every

86 Komáromy, A.: *Op. cit.*, p. 509.

87 *Ibid.*, p. 245.

88 *Ibid.*, pp. 156, 157.

89 *Ibid.*, p. 410.

90 Hansen: *Quellen und Untersuchungen zur Geschichte des Hexenwahns.* Berlin: Barsdorf, 1901, p. 158. However this is not true, since witches frequently interfere with the baby taking the nipple.

91 Schmidt: *Der Hexenhammer.* 1906. I, pp. 127, 136. Meyer: *Der Aberglaube des Mittelalters.* Berlin: Felix Schiedr, 1884, p. 265.

92 Róheim, Géza: *Adalékok a magyar néphithez. Op. cit.*

night. The person who uses it will recognize all the witches at the Midnight Mass by the fact that they have big horns on their heads like cows. Other objects such as burning logs, a cherry branch, etc., may be used instead of the stool and instead of the witch the person who appears may be one's future wife. Evidently, this custom came to Hungary from the west and is of Germanic origin. The oldest version is the *'seidhjallr'* or magic stool of Norse saga.[93] But the point we are interested in here is that whereas in the Hungarian version the witches are recognized by the horns on their head (phallic symbol), in the versions west of Hungary the witches have milk pails on their heads.[94] For instance, in the Rauris Valley (Austrian Alps), when anybody sees witches in a glass of water they appear with milk pails on their heads.[95] The witches seen by the Germans in Czechoslovakia (Braunau) at Midnight Mass have inverted milk-pails on their heads instead of bonnets.[96] In Hungary we find only one instance (Göcsej, Western Hungary) where the witch has horns;[97] here the witch has either a milk pail or horns or a mustache. But in all other cases she has horns on her head. In a witches' trial in 1726 (County of Bihar, Eastern Hungary) it was stated, 'Well, we don't mind if she is a witch. She could have horns as big as an ox and we would still let her live in our village'.[98]

[93] Thorfinns, S. Karlsefnis c.3. Laxdälar, p. 34. Quoted by Maurer, K.: *Die Bekehrung des norwegischen Stammes zum Christentum.* 1856, I, p. 445. Gering, H.: *Über Weissagung und Zauber im nordischen Altertum.* 1902, pp. 12, 27. Mac Ritchie, D.: *The Testimony of Tradition.* 1890, pp. 90, 91.

[94] *Cf.* Róheim, Géza: *Adalékok a magyar néphithez. Op. cit.,* p. 213.

[95] Andree-Eysn, M.: *Volkskundliches aus dem bayrischösterreichischen Alpengebiet. Op. cit.,* p. 213. Zingerle, T. V.: *Die Kröten und der Volksglaube in Tirol.* Ztschr. für deutsche Mythologie und Sittenkunde. I, 1853, pp. 7–18.

[96] Kühnau, R.: *Schlesische Sagen.* Leipzig: Teubner. 1911, III, p. 88. The Germans in Transylvania have exactly the same belief. *Cf.* Haltrich, R.: *Zur Volkskunde der Siebenbürger Sachsen.* 1885, pp. 297, 298. von Wlislocki, H.: *Volksglaube und Volksbrauch der Siebenbürger Sachsen.* München: Aschendorff. 1893, p. 23.

[97] Róheim, Géza: *Adalékok a magyar néphithez. Op. cit.,* Var. A 79.

[98] Komáromy, A.: *Op. cit.,* p. 372.

In Serbia the witch is called *'rogulja'*, i.e., the horned one.[99] In Dalmatia (Islands of Hvar and Brac) during the mass when the priest turns towards the people and says, *'Orate fratres'*, he sees the witches all pointing towards him with their fingers as if they were horns. He is so embarrassed when he sees this that he has to look away.[100]

We find therefore in the same situation of 'being discovered' witches first with milk pails on their heads and then with a phallic substitute for the milk pail. In an important paper by Bergler and Eidelberg we find the following remark: 'It appears almost ironic when we find that the mother of the oral phase is represented not as a mother with a breast, but as the mother with a phallus'.[101] First the authors assume that the son finds a substitute for the nipple in his own penis, and in the outflow of urine reproduces actively in a 'magical gesture' what he has been compelled to experience in the passive situation.[102]

The male child first reacts to the separation trauma (withdrawal of breast) by identifying his own genital with the maternal source of pleasure, and thus having obtained a magical guaranty against deprivation goes through the same process again in the opposite direction. First, 'It is not true that I am deprived of pleasure (mamma), since I have my penis'; second, 'It is not true that something is missing there (at sight of maternal vagina). My mother has the same pleasure organ that I have (phallus; originally nipple).'

The peculiar relationship of the witch to the cow in European folklore brings this out very clearly. If there is blood in the cow's milk or urine the witches are responsible. In Switzerland if the witch gets fresh milk without a pinch of

99 Krauss, F. S.: *Volksglaube und religiöser Brauch der Südslaven.* 1890, p. 112. Also his *Slavische Volkforschungen.* 1908, p. 31.

100 Caric, A. E.: *Volksaberglaube in Dalmatien.* Wissenschaftliche Mitteilungen aus Bosnien und der Hercegowina IV, 1899, p. 603.

101 Bergler, E. and Eidelberg, L.: *Der Mammakomplex des Mannes.* Int. Ztschr. f. Psa. XIX, 1933, p. 554.

102 *Ibid.*, p. 552.

salt there will be blood in the milk thereafter.[103] In Silesia if the witches manage to get a sack out of a house after sunset they hang it on a pole and milk it. They also milk any kind of cloth they can find. People can see the witches following them from one stable into another. When these things happen, the udders of the cows will be empty or blood will be found in the milk they give.[104] In Mecklenburg and Swabia blood in the milk proves that the witches have been doing something to the cows. If the milk is poured out in four directions or if a swallow flies over it, it is again all right. If the cow urinates when milked this is also the work of the witches (Palatinate). The thing to do is to spit three times into the urine. If the cow's udder is swollen it is because a frog has sucked it.[105] In Hungary (Besenyötelke) witches milk towels to get the milk out of their neighbor's cow and if a man's breasts are swollen it is because the witches have sucked him.[106] At Siklód it is not advisable to mention witches on a Friday because they bite people and suck the blood out of the wound. Then they vomit the blood and make honey cakes out of it. If, nevertheless, somebody has mentioned the word 'witch' on a Friday they should say, 'Stone into your ears, salt into your eyes, may they eat tar, vomit fæces, and defæcate red horseshoe nails'. If somebody has already been sucked it is best to smear human excrement on the afflicted part so that the witch will taste it. Three days after calving nothing should be given out of the house; fæces especially should not be cleaned out from under the cow because by keeping the fæces they will keep its luck. If they put garlic in the cow's drink it will make

[103] Vernaleken, Th.: *Alpensagen.* 1858, pp. 127, 128. Rocholz, E. L.: *Schweizersagen aus dem Aargau.* 1856, II, pp. 167–169, 172. Rippmann: *Volkskundliches von Untersee.* Schweizerisches Archiv für Volkskunde. XVI, 1912, p. 17.

[104] Drechsler, P.: *Op. cit.,* II, p. 253.

[105] Wuttke, A.: *Op. cit.,* pp. 446–448. The frog is the witch; *cf.* above.

[106] Nagy, Berze: *Babonák, babonás alakok és szokások Besenyöteleken (Superstitions and Superstitious Customs at Besenyötelek).* Ethnográphia, XXI, 1910, p. 28.

the milk more plentiful and the witches cannot hurt her.[107] A housewife suddenly takes her skirt off, throws it on the cow and beats the animal with a broom. She beats it till the animal voids all its urine and fæces. But the animal does not feel the strokes, only the witch feels them. The cow defæcates into the left boot of the housewife and when they hang this in the chimney it burns the witch.[108]

The Germans in Transylvania have the following countercharms: if a cow refuses to stand up when they milk it they beat it with a broom held upside down. The witch feels every stroke and tries to persuade the owner to stop beating the cow. If there is blood in the milk they make the cow drink its own milk. If the cow urinates when it is being milked it is due to witchcraft and the urine has to be hung in the chimney and the witch will feel pain.[109] Hungarians in Transylvania put a black skirt on the cow and then beat the skirt; really, however, they are beating the witch.[110] Germans in Czechoslovakia beat the milk of a bewitched cow with a birch broom till the water has evaporated. Next day the witch comes to beg for a trifle. If her wish is granted she will regain her power over the cows. The number of stripes on the witch's back is the same as the number of strokes with which the milk was beaten.[111]

Whereas in the data enumerated above the witch is identical with the cow, here evidently witch and milk are the same thing. But the witch is also the person who milks the cow. 'The milking stool should be taken away after the cow is milked because then the witches will sit on it.' If something goes wrong with the butter you have to dress up a barrel of butter

107 Hegyi: *Siklódi hiedelnek (Superstitions of Siklód).* Ethnográphia, XLVIII, 1937, pp. 427–474. The witch has two big horns and a mustache.

108 Trencsény, L.: *Babonák az alföldröl (Superstitions of the Alföld).* Ethnográphia, I, 1890, pp. 345, 346.

109 Haltrich, R.: *Op. cit.,* p. 277.

110 Komáromy, A.: *Op. cit.,* p. 470.

111 John, A.: *Sitte, Brauch und Volksglaube im deutschen Westböhmen.* 1905. In *Beiträge zur deutsch-böhmischen Volkskunde* VI, p. 204.

like a woman and beat it—beating, of course, the witch herself.[112] In Slavonia witches deprive cows of their milk if they can get hold of some of the cow's hair. But if the cow's owner can get the cow's hair back, the witch dies.[113]

In Western Hungary if the milk is bad they beat the cow and smoke it at the same time. The witch comes and screams, 'I am burning, I am burning'. Or they whip the milk and blow the fire and the witch cries, 'Don't blow it! I am burning'. Sometimes they beat the milk till the witch dies.[114] Rumanians in Hungary believe that if the cow urinates when it is being milked the witches are taking the cow's milk. The urine has to be caught in a vessel and poured three times on the cow, then everything will be all right again.[115] Hungarians do the same with the cow's urine or excrement.[116] Huzul witches carve a wooden cow and stick the knife they used into the earth. The wooden cow now gives the witch the milk obtained from all the cows in the village while the owners of the cows get only blood.[117]

Throughout the local variations in these beliefs about witches, cows and countercharms, certain regular features can be traced. One of these is that when they beat the cow they strike the witch. It follows that *witch and cow are really the same person.*

The cow is the source of milk and also an animal with horns. Moreover, the udder's anatomical position makes it easier for the boy to identify this symbol of the mother's nipples with his scrotum. The genital-urethral answer of the boy to the potential or real withdrawal of the nipple contains both Eros

[112] *Ibid.*

[113] Krauss, F. S.: *Slavische Volkforschungen. Op. cit.*, pp. 77, 78.

[114] Loschdorfer, S.: *Babonák és babonás történetek Lökröl (Superstitions and Superstitious Stories of Lök).* Ethnográphia. XLVI, 1935, pp. 65–68.

[115] Pávai, F. V.: *Oláhlapádi babonák és népies gyógymódok (Superstition and Popular Medicine at Oláhlapád).* Ethnográphia. 1907, p. 358.

[116] Varga, R.: *Szarvasvidéki babonák (Superstitions of Szarvas).* Ethnográphia. 1908, p. 160.

[117] Kaindl, R. F.: *Die Huzulen. Op. cit.*, p. 88.

and Thanatos: libido and aggression. 'I can do without you, I can urinate with my penis-nipple' also means 'I want to kill you',[118] but it is at the same time an exhibitionistic form of love magic used to regain the cow-mother. In India the latent 'phallic nipple' significance of the udder has resulted in a taboo against aggression towards cows.[119] In Europe the situation has been dealt with by projection: it is not the human being, i.e., the son, who attacks the phallic cow-mother, but the witch, i.e., another representative of the 'mamma-plus-penis' complex. In the Hungarian versions of the Lucia's stool custom, when the lad seated on the stool recognizes the witches, the point is made that the witches cannot put both horns through the church gate at the same time.[120] We have commented above on the fact that the horns have replaced a pail of milk, and therefore it is not too great a step to interpret the horns as nipples, only one a time can go into the child's mouth. It seems that the mother who forces her nipple into the infant's mouth is really the prototype of the night*mare* who presses down on the sleeper or has intercourse with him while lying on top of him.

In Croatia and Serbia the name for the nightmare is *mora,* but the *mora* is frequently identified with the witch. If a man feels a pain in his breast it is these nightmares or witches who are sucking his nipples. The *mora* also sucks the nipples of infants. Whereupon they become swollen and produce a kind of fluid. A pair of scissors on the child's pillow keeps the witches or nightmares away.[121] A Hungarian witch *(Nagysárrét)* is angry at a boy because he has the wrong girl as a mistress. She rides on him at night, sitting sometimes on his

118 'It is not advisable to cut the bread and cake you dip into the milk with a knife: the cow's udder will be wounded.' Nagy, I.: *Hegyhát vidéki hangutánzók, mondák es babonák (Onomatopœia, Legends and Superstitions of Hegyhat).* Ethnográphia. III, p. 73.

119 Crooke, W.: *The Veneration of the Cow in India.* Folklore, XXIII, 1912, pp. 275–306.

120 Róheim, Géza: *Adalékok a magyar néphithez. Op. cit.*

121 Krauss, F. S.: *Slavische Volkforschungen. Op. cit.,* pp. 145–149.

breast, sometimes on his penis.[122] Some of these nightmares or witch-like beings are conspicuous because of the size of their breast. The Tshuvash have a male demon called 'father of the forest' and his wife called 'mother of the forest'. She is a hairy woman completely naked with long pendant breasts which she throws over her shoulders. She tries to allure men by showing her vulva but when she gets them she tickles them to death. As the Hungarians identify witch and prostitute, the Tshuvash give the name of this demon to any fast woman.[123] Demon-women of the mines in Slovakia (Northern Hungary) have long hanging breasts; their little children in red trousers run after them sucking their nipples.[124] The long hanging breasts are a frequent characteristic of these wild women in Europe.[125] One of these beings is the *Serpolnica* of the Wends. She is even called a 'wild woman', has long streaming hair and fiery eyes and lives in a cave. She appears at noon and is mostly after young men who are alone in the forest. She asks them all sorts of questions and if they fail to give a satisfactory answer they must suffer her embraces and kisses. If they try to escape she catches them and puts her long hairy tongue into their mouths. The *Murawa* is another nightmare demon. Here, too, we have the hairy tongue and she rides on a goat.[126] The hairy tongue in the sleeper's mouth is a symbol of both the penis and the nipple.[127] The nightmare experience (oral) and

[122] Szücs, S.: *Boszorkány-történetek a Nagysárrétröl (Stories about Witches from Nagysárrét).* Ethnográphia, XLVII, 1936, p. 152.

[123] Mészáros, G.: *A csuvas ösvallás emlékei (Survivals of Tshuvash Paganism).* 1909, p. 51.

[124] Versényi, G.: *A bányarémröl (Demons of the Mines).* Ethnográphia, I, p. 339.

[125] Mannhardt: *Wald- und Feldkulte.* I. Berlin: Borntraeger. 1904. (*Cf.* index.)

[126] Veckenstedt, E.: *Op. cit.*, pp. 109, 110. *Cf.* Lotze, H.: *Überreste der ältesten Mythologie in der wendischen Lausitz.* Ztschr. für deutsche Mythologie und Sittenkunde, III, 1855, p. 109.

[127] On the Hungarian 'beautiful women' (witches and nightmares) *cf.* Róheim, Géza: *Adalékok a magyar néphithez. Op. cit.*, p. 183. On this double symbolism *cf.* Fenichel, O.: *Die symbolische Gleichung: Mädchen = Phallus.* Int. Ztschr. f. Psa., XXII, 1936, pp. 299–314. *Quando mulieres dolent mammas*

the flight (genital) merge into each other. Hungarian witches at Szeged ride on those whom they love or hate. They sit on the breast of these people till they can hardly breathe and then they change the people into flying horses. The nightmare demons, as we have seen above, are frequently identified with the witches. They have large breasts or suckle the infant and have various phallic attributes.[128]

The curiously paradoxical conclusion that the phallic woman is really the mother with the mammæ has been clearly demonstrated by Bergler and Eidelberg.[129] But in order to understand this complex being fully, we should remember what Freud has called the 'oceanic feeling', and others (Imre Hermann) the *dual-unity organization.* In this phase of development (as I understand it) the child reacts to the separation trauma: (a) by fantasy identification, (b) by aggression, and (c) by autoerotic autonomy (Jekels and Bergler's 'autarchic fiction'; that is, by cathecting one of the erogenous zones in its own body). These reactions, which I regard as the core of magic, probably occur almost simultaneously.[130] They are interwoven with each other in one belief or ritual. A striking instance of what we mean by the dual-unity phase is given in those instances in which we find the witch identified not only

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quod utuntur pro remedio virili membro. Zachariæ, Th.: *Abergläubische Meinungen und Gebräuche des Mittelalters.* Ztschr. des Vereins für Volkskunde. XXII, 1912, p. 127. Ultimately this double symbolism is rooted in the identity of subject and object, i.e., in the dual-unity organization.

128 'With teeth hanging down to their knees.' *Cf.* Szabo, J.: *'Az olahok kedd asszonya' (The Tuesday Woman of the Rumanians).* Ethnográphia, 1910, p. 34. They change into serpents. *Cf.* Laistner, L.: *Das Rätsel der Sphinx.* Berlin: Wilhelm Hertz. 1889, I, p. 188. It is either the 'beautiful woman' who sucks the cow's udder or the snakes. *Cf.* Kolumban, S.: *Hétfalusi csángó babonák (Superstitions at Hetfalu).* Ethnográphia, VI, 1895, p. 400. Nightmare demons suck children's breasts. *Cf.* Manz, W.: *Volksbrauch und Volksglaube des Sarganserlandes.* Publications de la Société suisse des traditions populaires, 1916, p. 105.

129 *Cf.* Bergler, E. and Eidelberg, L.: *Der Mammakomplex des Mannes. Op. cit.*

130 I do not mean any succession by (a), (b), (c).

with the cow but with the milk, i.e., with the link between mother and child, the vehicle of the bond. The fact that the witch is the old woman who attacks the nipple (of humans or animals) [131] shows that she is the embodiment of the child's aggression against the mother's body in its talion aspect, i.e., turned against the ego.

Hungarians in Hajdu believe that a woman's milk is sometimes taken away by another woman, or even a man or a child. The person under suspicion has to come to the nursing woman and milk a few drops on her bed, or they bake a cake with the milk and the two women eat it together, or if the witch woman is also nursing they milk her and the first woman is served this milk on toast.[132] Here we see the infant's oral aggression represented by another woman and then followed by an oral identification. On the other hand, when they make the cow urinate into a shoe to rid herself of the witch, the cow is really playing the rôle of the child [133] who reacts with a stream of urine to the withdrawal of milk. This form of magic is ambivalent in the frame of the dual-unity organization; i.e., (a) the child identifies himself with the mother (urine = milk); (b) the child does not need the mother (autoerotic instead of alloerotic pleasure). In the phallic masturbation of the boy there is, of course, as Bergler and Eidelberg have emphasized, the unconscious identification of the male genital with the maternal nipple. Obviously, however, this is only superimposed on the real erogeneity of the genital organ. Now what happens when the young boy sees his mother's vagina?

[131] As long as a child has no teeth it smiles happily because it is playing with the *golden apple* (nipple). Kálmány, L.: *Boldogasszony ösvallásunk istenasszonya,* 1885, p. 22.

[132] Liszt, N.: *Népies gyógyitó módok és babonák Hajduvármegyében (Popular medicine and superstition in Hajdu county).* 1906, p. 35.

[133] But when the urine is sprinkled on the cow, the cow is the mother. *Cf.* Maclagan, R. C.: *Evil Eye in the Western Highlands.* London: David Nutt, 1902, p. 135. Maclagan also interprets water in these rites as a substitute for urine (p. 137). When a child is born the urine against witchcraft is sprinkled on the house (p. 135).

Freud tells us [134] that the sight of something missing confirms the boy's castration anxiety (based on a castration threat). He now has proof that there are human beings whose pleasure-giving organ has been cut off. To this we would add that the increase in castration anxiety is also due (on the œdipal level) to the increase in libido. He sees the vagina, desires the mother, father will cut his penis off. On a preœdipal level (dual-unity organization) something missing from mother means something missing from him. The missing phallus means a repetition of the oral frustration of the withdrawal of the nipple.

Blood in the milk is just this trauma: a castration displaced to the pleasure-giving substance. The curative measure against it is: (a) attacking the cow; (b) beating the milk (the link or uniting symbol of mother and child); (c) making the cow urinate through a vagina symbol or milking it through a vagina symbol. This last magical act is on three levels, oral, urethral, genital. At the same time it also shows the cow as a double symbol, a representation of the frustrating mother and the frustrated child. The witch is really the same thing but in a somewhat different setting. In her we see: (a) the child's oral aggression (nipple attacked); (b) the maleness of the mother symbol (phallic attributes, coitus inversus); (c) the selfishness which the child attributes to the mother.[135]

The infant's attitude has been described by Alice Bálint as 'archaic object love', an object-craving in which the object has not gained any sort of independence but exists merely in order to satisfy the child.[136] From this point of view any—even the slightest—absence of gratification on the mother's part

[134] Freud: *Die Ichspaltung im Abwehrvorgang.* Int. Ztschr. f. Psa. u. Imago, XXV, 1940.

[135] Putana, the witch fiend, found the infant Krishna asleep and began to suckle him with her devil's milk, but Krishna drew her breast with such strength that he drew her life-blood. Crooke, W.: *The Popular Religion and Folklore of Northern India.* London: Archibald Constable & Co. 1896, II, p. 285.

[136] Bálint, Alice: *Liebe zur Mutter und Mutterliebe.* Int. Ztschr. f. Psa. u. Imago, XXIV, 1939, pp. 31–48.

appears as a proof of her wickedness or selfishness. Hence if there is no rain, no milk, or absence of any gratification in general, the witches, the mothers, are responsible for it. All the symbolic or magical acts connected with witch-lore and countercharms can be interpreted on the basis of this double representation of child and mother in one symbol, and this again is based on a regression to the dual-unity organization as a defense against castration anxiety. The woman with the penis is the woman with the nipple (Bergler and Eidelberg), and also the woman who has deprived the child both of the nipple and the penis and now has them both.

Sexual desire is not feminine, a woman should be a virgin—in short, the double standard is no new invention in human history. It is determined like everything else by a combination and overlapping of psychological situations: (a) the woman is unattainable because owned by father (œdipus complex);[137] (b) the virgin is a woman with a penis, defloration means depriving her of her penis;[138] (c) the woman resists penetration for biological and narcissistic reasons;[139] a woman who enjoys sex (has an orgasm) is a phallic woman, and thereby deprives the male of his penis.[140]

From this point of view the double standard or the ideal of chastity is the infant's revenge for oral frustration.

However, we find the mother's nipple = imaginary penis = orgasm equation also in analyzing women. We now give the dream and its interpretation of a patient who is being analyzed for frigidity. In the course of her analysis she has now almost, but not quite, achieved orgasm.

[137] Jung, C. G.: *Die Bedeutung des Vaters für das Schicksal des Einzelnen.* Jahrbuch für Psychoanalyse, I. 1909. Storfer, A.: *Zur Sonderstellung des Vatermordes.* Schriften zur angewandten Seelenkunde, XII, Leipzig: Franz Deuticke, 1911.

[138] Freud: *Das Tabu der Virginität* (1924). Ges. Schr., V, pp. 212, 233.

[139] Bonaparte, Marie: *Some Palœobiological and Biopsychical Reflections.* Int. J. Psa., XIX, 1938, pp. 214–220.

[140] This would be the opposite of (b), both, however, being valid.

Dream 1: 'I am on the top of the Empire State Building, the whole atmosphere looks yellow and damp. I look down and see B and S walking there. I throw my brown glove down and then I think it must have got stuck somewhere about the middle of the building. What a terrific high ladder I will have to get in order to climb up for it! Then I am on the ground and I notice that the glove has fallen as far as the first floor. So an ordinary ladder will do. Then it flops down to the ground.'

Dream 2: 'I see a terrific huge bat flying towards me. It has a red light in the middle where its tail would be and two blue lights on the side on its extended legs. I run to you for protection and say, "I hope it gets John who is standing behind me and not me".'

Associations and Interpretation: She is having an affair with a man who has another, very jealous mistress. B and S are two older gentlemen who disapprove of the affair. The Empire State Building reminds her of an erection. The yellow damp atmosphere is like urine. She had enuresis up to the age of ten. The glove is like a cow's udder; in order to get it she has to have a long ladder (= orgasm = erection). It flops to the ground like excrement. A bat is a mammal, a mammal is a mama. It is both her mother and the other woman with whom her lover had a previous affair. The red light for the tail is an obvious penis symbol. The two blue lights on each side she explains as the two nipples.

This dream shows a combination of pregenital erogenous zones as merging into an orgasm: the urethral and anal as postulated by Ferenczi, but also the oral. The assumption that in orgasm we have not only an amphimixis but a merging of the three pregenital erogeneous zones is really implicit in Ferenczi's views. If the penis is a tooth, an instrument for boring into the mother's body,[141] and the vagina a mouth, it follows that orgasm is not only a getting rid of tensions com-

141 Ferenczi, S.: *Versuch einer Genitaltheorie.* Internationale Psychoanalytische Bibliothek, 1924, p. 30.

bined with a fantasied return into the womb,[142] but also a *refinding of the first extrauterine pleasure, that of the union of mother and infant in the act of sucking and suckling.*

Although I have never analyzed a case of fetishism, I suspect that here again the fetish is not merely a female penis [143] but also a mamma. The following dream analysis supports my view.

Dream 1: 'A lady dictates something to me in French. The word "verrain" occurs in it, I don't know what it means. I feel that my French is not good.'

Dream 2: 'An airplane descends to the earth and becomes a bicycle. A man gets off the bicycle. He will only be able to fly again if he finds a woman with porphyritic breasts. And then she must carry him on her back like a baby is carried.'

Associations: The lady was a great fancier of dogs. This reminds her of dogs copulating and that they cannot be separated.

'Verrain' sounds like *'souterrain'*. In the *souterrain* (basement) of their house at home her bicycle was kept. The *v* in *verrain* is *v* for victory and vagina.

'Porphyritic' reminds her of the Babylonian whore in the Apocalypse. But the Babylonian whore was not purple, she was scarlet. Purple, however, was her mother's favorite color and also reminds her of a person turning purple when choked or suffocating. The situation in which the woman carries a man on her back is, of course, that of a mother carrying a child. (This situation is described in Stekel's book on fetishism, notably in a chapter called *Bibel eines Fetishisten.*[144a])

Interpretation: Her husband has been impotent for several weeks. How could she make him *fly* again? By behaving like her mother, who was a very domineering woman and had many

[142] *Ibid.*, p. 80.

[143] Freud: *Fetischismus.* Ges. Schr., XI, pp. 395–401.

[144a] Stekel, W.: *Der Fetischismus* in *Störungen des Trieb und Affektlebens,* VII, 1922. Chapter VIII, pp. 161–184.

affairs (the Babylonian whore—favorite color is purple). In the course of her analysis we have had reason to assume that her hysterical choking sensations must be connected with the behavior of her mother who probably forced the nipple into her mouth. A series of masochistic day dreams supports this conjecture which we find here confirmed once more. She cannot achieve an orgasm but a previous dream showed that she believes that she could achieve an orgasm by realizing these masochistic fantasies. This is the significance of the purple breast as a fetish. In order to achieve an orgasm (and to make her husband potent) she must play the rôle of her mother suckling the little girl, or she must be the woman who is being raped by a sadist (the reference to Stekel's book). In the dream situation, however, she is both the infant (masochistic) and the mother (carrying). The identification is indicated by a further association: purple is not only the color of the person who is choking but also of the nipple.

The first part refers to the primal scene. The bicycle (penis) kept in the vagina[144b] is a *penis captivus,* like the dogs (parents). Further associations show that parental coitus is meant as a kind of super-coitus, something that she, the child, cannot emulate. The point of the whole thing is that a repetition of the situation with the mother's nipple becomes a condition for achieving orgasm.

In a case described by Lorand we read: 'If a woman lay flat so that her breasts were not prominent, that alone was enough to make him impotent with her. He felt that a penis (to which he equated the breasts) would not have disappeared.' Another patient of this type explained his equation of breast and penis, which caused him in fantasy to endow everyone with a breast, by saying, 'If everyone has a breast, then everyone has a penis. Then even if I have no mother to get the breast from, I can get it from father.' [145]

144b Association: the bicycle was kept in the basement.

145 Lorand, S.: *Rôle of the Female Penis Fantasy in Male Character Formation.* Int. J. Psa., XX, 1939, pp. 174, 175.

The rubber apron which plays the rôle of a fetish in a case described by Kronengold and Sterba may have had the significance of a breast in addition to that of a female penis.[146] Bálint assumes other latent contents in the fetish besides the female penis. He emphasizes the excremental meaning and holds that of the vagina as ultimate or primary.[147]

S. M. Payne writes, 'A study of what the fetish means to the fetishist reveals that it is possible to demonstrate that every component of the infantile sexual instinct has some connection with the fetish object. . . . In the case of the mackintosh fetish the smell was connected with scoptophilic and coprophilic interests and activities, and with oral sadistic and oral erotic desires demonstrated in memories of *chewing rubber teats* [italics mine] and eating fæces, sucking bull's eyes and in innumerable dreams and fantasies'.[148] In a case of fetishism analyzed by Lorand the child-fetishist suddenly grabs his mother's breast and when asked what he is looking for there he says 'daddy'. When he caught sight of a cow he said, 'Look how many pussies the cow has'. 'Pussy' in his language was the penis, which he here identified with the cow's udders.[149]

All observers seem to agree that a strong element of identification is always present in these cases. The woman (mother) must have a penis as a defense against the boy's castration anxiety. Moreover, since orgasm is considered phallic and orgasm is an identification in the sexual act, the woman must also be phallic. The opposite of fetishism is transvestitism with the transvestite representing the phallic mother.[150] But all identification is rooted in the oral or dual-unity phase of organi-

[146] Kronengold, E. and Sterba, R.: *Two Cases of Fetishism.* This QUARTERLY, V, 1936, pp. 63–70.

[147] Bálint, M.: *Ein Beitrag zum Fetischismus.* Int. Ztschr. f. Psa., XXIII, 1937, pp. 413, 414.

[148] Payne, S. M.: *Some Observations on the Ego Development of the Fetishist.* Int. J. Psa., XX, 1939, p. 166.

[149] Lorand, S.: *Fetischmus in statu nascendi.* Int. Ztschr. f. Psa., XVI, 1930, p. 90.

[150] Fenichel, O.: *Zur Psychologie des Transvestitismus.* Int. Ztschr. f. Psa., XVI, 1930, p. 28.

zation and the mother with the penis is the mother with the nipple. It should not be forgotten that while anal and urethral eroticism is biologically 'autarchic' [151] (Jekels and Bergler), oral and genital eroticism are biologically object-directed. In phallic sexuality the boy, after having endowed his penis with mamma qualities, endows his mother with his own imaginary mamma which now becomes her imaginary penis,[152] and thus in the unconscious the genital union with a woman is a repetition of the oral union with the mother.

To return now to Aphrodite. One thing we notice immediately is that she is not only the woman with the phallus but the woman who is derived from the male orgasm. The foam is not the foam of the sea but the foam derived from the immortal organ of the father. An example of this fantasy is given by a patient who dreams that she is buying a new rouge, she hesitates because it is too red or too fat, and then she applies it to her nostrils. It may be a salve. The salve is the witches' ointment, vaginal secretion. She asks, 'Is your nose red?' Her nose is my nose; in the orgasm she has a penis.

But Aphrodite is not only the Lady of the Mandrake, she is also the Lady of the Apple. The Venus of Melos represents Aphrodite with an apple in her hand. In Sicyon, Pausanias says, there was a statue of the goddess made of gold and ivory and her hand held a poppy and the other an apple. 'Here the selected fruit and flower are suggestive, for the mandragora is a sort of combination of poppy and apple from the old Greek medical point of view. The apple inherits its magical power, the poppy its soporific value. On a terra-cotta figure from Corinth *of which both hands are held against the breasts* [italics mine] we find the goddess with a dove in the right hand and an apple in the left. Moreover, she bears the cult-title of Aphrodite Méleia, that is, the apple Aphrodite.' [153]

151 Although in its fantasy content it is probably always directed towards (or away from) a love object.

152 Bergler, E. and Eidelberg, L.: *Der Mammakomplex des Mannes. Op. cit.*

153 Harris, Rendel: *The Ascent of Olympus. Op. cit.*, pp. 127, 128.

Rendel Harris also attempts an etymological explanation of the name Aphrodite from the Semitic, according to which Aphrodite is simply *love-apple* hellenized from a primitive Semitic (Phœnician) form.[154]

If we look around in European folklore we certainly find that the apple is a fit symbol of the goddess of love. In some cases we find the apple as a euphemism for the testes.[155] But the analogy between apple and breast is far more frequent. In German *Frauenapfel* means the breast. In Alsace, 'She has apples like a child's head', means big breasts. A kind of apple is called 'girl's tits'.[156] At Redon when a girl is left alone with a boy, he bites into an apple and says, *'M'aimes tu? m'aimes tu pas, si tu m'aimes mord dans mon mias'*. If she accepts the apple, this means marriage.[157] In Vergil's time the girl throws the apple, i.e., she offers her breast. *'Malo me Galatea petit lasciva puella, Et fugit ad salices et se cupit ante videri.'* [158] Frequently in marriage rites it is the boy who offers the apple and the girl, by accepting it, recognizes his right to 'bite into the apple'. At Szeged the apple is given by the boy to the girl at the 'kissing feast'.[159] If the girl accepts the apple and eats it, the groom can now send his best man and be sure he will be accepted.[160] A phase of the Yugoslav wedding is called *'zapoy'* (drinking) or *'yabuka'* (apple).[161] Biting into the apple in love magic is the prototype of sexual union because the oral pleasure of the infant is refound in the genital act of the adult. Thus at Baja (Southern Hungary) if a girl wishes to see her future husband she takes an apple to the morning mass at Christmas and on returning home she eats it; the first

[154] *Ibid.*, p. 137.

[155] Aigremont: *Volkserotik und Pflanzenwelt.* Halle: Ernst Trensinger. 1908, I, p. 65.

[156] *Ibid.*, p. 65.

[157] Sebillot, P.: *Le Folk-Lore de France. Op. cit.*, III, p. 400.

[158] Virgilius: *Eclogue.* III, 64, 65.

[159] Kálmány, L.: *Szeged Népe (The People of Szeged).* 1881, I, p. 113.

[160] Krauss, F. S.: *Sitte und Brauch der Südslaven.* 1885, p. 396.

[161] *Ibid.*, p. 396.

man she sees when she looks out of the window will be her husband.[162] At Göcsej the girl stands at the door eating a red apple; the first man who passes is her future spouse.[163] In love magic we sometimes find the inverted significance of the male genital identified with the mamma. The Wends of Lusatia believe that if a man gives a girl an apple which he has kept on his scrotum for one night she will fall in love with him.[164] In the Lubni district it is the girls who carry an apple under their armpit and give it to their lovers to eat.[165] The Serbian bride brings an apple into her new home to make sure that she will have many children.[166]

If Aphrodite is the apple, that is the mother's breast, we can understand the meaning of the famous myth of the judgment of Paris. The hero has to make a decision among the rival goddesses Hera, Athena and Aphrodite. Hera wants to bribe him by making him ruler over all Asia; Athena by making him an invincible hero; Aphrodite promises him Helen, the greatest beauty in the world (herself), if he declares that her beauty outshines that of the two other goddesses. Paris gives the apple to Aphrodite [167] because Aphrodite the mother first gave the apple (the breast) to Paris. As the frontispiece of the volume on Greek mythology in the Mythology of All Races we find a marble statue of Aphrodite of the fourth or third century B. C. found on the Greek mainland and now in the Royal Ontario Museum of Archæology, Toronto. It is described as follows: 'On Aphrodite's left arm originally rested an infant, the fingers of whose little hand may still be seen in the drapery

162 Bellosics, B.: *Unnepek babonái (Superstitions of Holidays).* Ethnográphia, 1896, p. 185.

163 Göncsi, F.: *Göcsej. Op. cit.,* p. 271.

164 *Anthropophyteia,* IX, 1912, p. 399. Schulenburg, W.: *Wendisches Volksthum.* Berlin: R. Stricker. 1882, p. 117.

165 Janiewitsch, O.: *Volkskündliches aus der Ukraine.* Archiv für Religionswissenschaft. XIV, p. 316.

166 von Wlislocki, H.: *A sokácz néphit köréből (Sokác Popular Beliefs).* Ethnográphia. 1896, p. 290. *Cf.* for further data Róheim, Géza: *Adalékok a magyar néphithez. Op. cit.,* pp. 170, 171.

167 *Cf.* article, *Paris,* in Roschers Lexikon, III, pp. 1580–1638.

of its mother's bosom. The goddess is looking straight before her, not, however, with her vision concentrated on a definite object but rather abstractedly as if serenely proud of her motherhood.' [168] Helen, the heroine equivalent of Aphrodite, is also the lady of the love potion.

> 'But Helen now on new device did stand
> Infusing straight a medicine in their wine
> That drowning care and dangers did decline
> All thought of ill. Who drink the cup should shed
> All that day not a tear, no not if dead
> That day his father or his mother were
> Not if his brother, child or chiefest dear
> He should see murdered there before his face.' [169]

W. H. Roscher identifies Hebe, the goddess of youth, who pours the gods their eternally rejuvenating potion, with the purely Hellenic prototype of Aphrodite. But Hebe must be identical with the ambrosia the gods drink. Roscher shows [170] that nectar and ambrosia mean honey and that honey in antiquity was the first food of the newborn infant. Rendel Harris suggests that Venus is *venesnum,* i.e., philter, love-potion.[171]

We have mentioned the Babylonian and Sumerian equivalents of Aphrodite, and it is interesting to find that 'the great mother serpent' is also the title of the son god Tammuz. This oscillation between male and female in Sumerian deities is due, as Langdon observes, to the identification of the son god and the mother goddess; [172] that is, to the love-potion, the milk or *the dual-unity phase of organization as the basic form of love.* When the gods and demons churn the ocean of milk—

[168] Fox, William Sherwood: Greek and Roman in *The Mythology of All Races.* I, 1916.

[169] Odyssey, IV, 220, ff. *Cf.* Crooke, W.: *Some Notes on Homeric Folklore.* Folklore, XIX, 1908, p. 76.

[170] Roscher, W. H.: *Juno und Hera, Studien zur vergleichenden Mythologie der Griechen und Römer,* II, 1875, p. 25 and article *Hebe* in Roschers Lexikon and passim.

[171] Harris, Rendel: *The Ascent of Olympus, op cit.,* pp. 132, 133.

[172] Langdon, S.: *Tammuz and Ishtar. Op. cit.,* p. 16.

the *amrita* that confers immortality—with their great penis symbol (the *mandara*), there comes first from the sea the divine cow *Surabhi,* then various other divine beings including the god of medicine and the moon and finally Cri (Lakshmi) the goddess of love, who immediately embraces Vishnu's breast.[173]

[173] Kuhn, A.: *Die Herabkunft des Feuers und des Göttertranks,* 1886, pp. 220–223. Keith, A. B.: Indian Mythology in *Mythology of All Races,* VI, p. 124 and plates XIII and XXI. Crooke, W.: *The Popular Religion and Folklore of Northern India,* I, 1896, p. 19. *Cf.* for the same conclusion Jekels, Ludwig and Bergler, Edmund: *Übertragung und Liebe.* Imago, XX, 1934, p. 23. The authors use the term 'narcissism' where I speak of 'dual unity'.

IN MEMORIAM

Yrjö Kulovesi

1887–1943

Yrjö Kulovesi, the only Finnish member of the Swedish-Finnish Psychoanalytic Society died on September 3, 1943, of arteriosclerosis exacerbated by the rigors of military service in two wars. Born in 1887 he obtained his medical degree in 1917, a fact noteworthy in itself, as Finland grants this degree only after an exceptionally thorough course of study and work which covers many years. He engaged in private practice, then entered the field of general hygiene in which he made important contributions to the health problems of factory and school. Following an early interest in psychology and psychiatry, he studied psychoanalysis in Vienna in 1921, 1925 and 1926, and began psychoanalytic practice in Tammerfors. As a pioneer he encountered antagonism and even ridicule; however, he trained several young Finnish analysts and in the end his competence, as well as his character and literary efforts, led to success and recognition. He published numerous articles contributing to the psychology of dreams and neuroses in the Finnish scientific journal, Duodecim, and in the psychoanalytic periodicals. In 1933 he brought forth the first Finnish textbook of psychoanalysis. Rich in ideas and enthusiasm, Kulovesi left his mark on all the fields of his endeavor. Though profound he was neither dogmatic nor pedantic and he was incorruptibly steadfast in opposing the opportunism of popular fashion. He was in every sense a true disciple of Freud.

ALFHILD TAMM (STOCKHOLM)

IN MEMORIAM

Caroline B. Zachry
1894–1945

Those who knew Caroline Zachry found her first of all a warm and understanding person. Further, she combined to a unique degree the skills and insights of both psychologist and educator. As psychoanalyst, teacher of children as well as teacher of teachers, she never lost the pioneer spirit or the gift of inspiring people to think more deeply about the needs of young people everywhere. Endlessly responsive to every appeal, whether for help in a public enterprise or for personal friendship and guidance, she had ever a listening ear, a mature and human understanding.

She was born in New York April 20, 1894, studied and took her doctorate at Columbia University. Emotional problems of children enlisted her interest from the start and she studied widely in child guidance clinics here and abroad. With this as a focus of interest, she taught for some years in progressive elementary schools, then turned her attention to the further education of teachers themselves. From 1928 to 1934 she served as the director of the Department of Mental Hygiene at the State Teachers College of Montclair, New Jersey. She organized their Mental Hygiene Institute. Subsequently she was Director of Research of the Commission on Secondary School Curriculum of the Progressive Education Association and chairman of the Adolescent Study. In 1939, she founded the Institute of Personality Development for the continued education of professional workers with children, an organization which now bears her name. From 1942 she served until her death as Director of the Bureau of Child Guidance of the Board of Education of New York City, thus offering her unique gifts, for all too brief a span, to an even wider public.

Besides numerous articles, Dr. Zachry is well known by two books—Personality Adjustments of School Children, and Emotion and Conduct in Adolescence. She is survived by two children, Stephen, nine years old, and Nancy, seven, and by a host of friends and co-workers who know that though her work is of the quality that goes on, as a human being she is irreplaceable.

ANNA W. M. WOLF

BOOK REVIEWS

FREUD'S CONTRIBUTION TO PSYCHIATRY. By A. A. Brill, Ph.B., M.D. New York: W. W. Norton & Co., Inc., 1944. 244 pp.

The Thomas Salmon Memorial Lectures of the New York Academy of Medicine are a tribute to the memory of a distinguished and beloved psychiatrist, but their establishment may also be regarded as a symbol of the increased interest in psychiatry awakened by the mental disorders among soldiers during the First World War. Dr. A. A. Brill, who was chosen to deliver these lectures in 1943, began his career as a psychiatrist in the early years of this century and has exerted an important influence on psychiatric thought in this country before, during and since that war. At seventy he is a dominant factor in psychoanalytic and psychiatric endeavors.

To Dr. Brill must be credited the distinction not only of having introduced psychoanalysis into the United States but also the merit of defending it with skill, determination and courage in the earlier days when the mention of it aroused bitterness or ridicule. Dr. Brill has seen the gradual infiltration of psychoanalytic thought into modern American psychiatry and his close association with the movement gives to his book a personal and authoritative aspect.

Two early chapters are almost autobiographical. They present a vivid picture of Brill's experiences as a psychiatrist in a New York State mental hospital before psychoanalytic thinking had affected psychiatry, contrasted with his experiences a few years later at the Burgholzli Hospital in Zurich in 1907. Here Bleuler, Jung and Karl Abraham had begun interpreting and analyzing the utterances and reactions of psychotic patients instead of describing them.

The impression which the analytic approach made upon Brill must have been extremely deep for he marks on page 40: 'Psychoanalysis was, practically speaking, a finished product when I first became acquainted with it. Indeed, I feel even now that anyone who can master the freudian concepts that were known in 1908 will be a good interpretive psychiatrist.' By that time six of Freud's fundamental works had appeared. This opinion of Dr. Brill should not of course be considered to imply that Freud's contributions to psychiatry ceased then, for many of his most

important theories applicable to psychotic conditions—such as paranoia and melancholia—appeared later.

The author proceeds to describe, restate and explain these early and later extensions of Freud's basic discoveries in their chronological order. He does so with ease, clarity and accuracy. He enlivens the theoretical material with pleasant personal touches and amplifies it with pointed illustrations from his own important and rich clinical practice. In consonance with his title, Dr. Brill adheres to an exposition of Freud's theories. He traces the development of psychoanalysis from the discovery of the cathartic method by Breuer and Freud and records the sexual perversions, the etiology of the neuroses and Freud's classification of them. His chapters on paranoia and homosexuality, and mourning, melancholia and compulsions, may be singled out as particularly brilliant and instructive.

The book does not confine itself strictly to Freud's contribution to clinical psychiatry for there are chapters on art and religion, religion and traumatic neuroses, and a final chapter on Freud as a paleopsychologist of the mind. Throughout the author emphasizes the revolutionary approach which Freud has contributed to the study of the mind. He avoids the discussion of controversial issues which have been advanced by freudian psychoanalysts both before and since Freud's death. The Salmon Lectures as originally delivered were intended for a medical audience and Dr. Brill's book is written throughout on a high scientific level. It thus becomes the best short summation of Freud's contribution to psychiatry to date.

C. P. OBERNDORF (NEW YORK)

THE DOCTOR'S JOB. By Carl Binger, M.D. New York: W. W. Norton & Co., Inc., 1945. 243 pp.

It appears to be Dr. Binger's job to inform the intelligent reading public of the changes that have taken place in the physician's relation to his patients and to society in the last thirty years, to explain what is historical and what is rational in the relationship, and above all to let the public in on what certain physicians themselves (well represented by Dr. Binger) have been thinking of medicine and medical practice. Much has changed since Dr. Binger was at Harvard. 'The Doctor' of Luke Fildes's painting is no more;

today at the bedside of the sick child would be standing several of the twenty-six specialists in white listed in the Directory of the American Medical Association, while other specialists not seen in the picture would be studying test-tubes, skiagraphs, electrocardiograms, etc.

Instead of dealing with the solemn minutiæ of each specialty, Dr. Binger (surprisingly to many reviewers in the lay press) pays them little heed. Foregoing any pretense that the layman or most doctors would be interested in such matters, he plunges with a realism in the grand manner of Freud into the questions of the choice of a physician, medical fees and etiquette, and then into the matter of the personal relationship of physician and patient. The doubtless astonished reader is informed that this is in the nature of a transference, and is further enlightened about what psychoanalysis teaches concerning the transference. To the readers of the QUARTERLY this may seem not only familiar but evident. However, to the educated layman it is still very much news; even analysts tend to play 'The Doctor' in the presence of their non-analytic medical colleagues, and they do not always appreciate the profound change in thinking about the doctor-patient relation that has permeated a large stratum of the profession due to the pioneering of such men as Dr. Binger.

But Dr. Binger is resolved to tell all (so help him Apollo physician, Asclepius, Health, Panacea and all the Gods and Goddesses!) and the reader is told with great frankness to what extent 'general medicine' is really minor psychiatry. The reader is put straight as to neuroses and psychoses; he is told how psychoanalysis illuminates and helps cure the 'psychosomatic illnesses'. There follows a discussion of the industrial diseases, which reveals the influence of Dr. Edsall's teachings; a balanced account of the achievements and tasks of public health work; and an exceptionally far-seeing consideration of the problems of convalescence, a topic strangely neglected by medical educators. An interesting common-sense discussion of socialized medicine concludes the book.

At the moment I am writing this review, a few notices of Dr. Binger's book have appeared in the lay press. One well-meaning reviewer sees fit to emphasize the interesting 'cases', as if the book were one of the 'romance of medicine' series; another uncomprehendingly chides Dr. Binger for giving up a serious career in the

laboratory to mess with such *grumi merdae* as psychoanalysis; another is struck by the literary charm and wit. All three points of view represent resistances to the ideas professed by the book. If the patient has a transference to his medical men he does not want to know of it—and will try to ignore it by resistance frivolous, resistance 'scientific', or resistance æsthetic. So much is to be expected. As for our organic colleagues, it will be interesting to see what resistances will crop out in *their* reactions.

It would be interesting too to hear what medical educators might say about this conception of the doctor's job. The present reviewer can only make a few guesses from his own medical education and his own teachers. In the hard-boiled school he attended probably Dr. Welch and a few dilettanti knew the contents of the Hippocratic oath. In fact, by the time the student did get around to reading it, it sounded less like a pledge of the ethics of therapy than a document which clearly might have been presented to the court that sat on the case against the A.M.A., as evidence of a conspiracy in restraint of trade. The first 'patient' which the medical student met was the cadaver; the first group of patients, those that came to autopsy; the living patients were frogs, dogs and cats. Since we know how indelibly first impressions persist, it is small wonder that the primal patient, the '*Urpatient*' in the medical unconscious, is the dead one. Later experience may controvert this 'stereotype' but never completely; it remains and contributes to subsequent conflicts. Sublimated, the wish to work with a dead patient was the generator of important innovations in the treatment of the living. Anæsthetics were introduced to restore the primary situation; antiseptics such as crude phenol were necrophilic displacements from the dissecting room; often the gallows humor of the students' anatomy table was transplanted to the wards, where it became a hearty bedside manner. Therapy, in theory, was considered irrational; therapeutic nihilism meant that after the thorough 'examination' (Laennec's adumbration of the autopsy) and the diagnosis (the guess as to what would be found then), there was nothing to do but wait for the clinical pathological conference. Along with this, there was often an escape into the humanities, especially into a form of necrology known as history. In numerous institutions physicians alternated between ward and laboratory, barely distinguishing human and feline patients—these physicians were fixated on their second rather than

their first year of study. Even psychiatrists thought (as in Adolf Meyer's anecdote) that one could tell what was 'in the mind' by looking at the dead brain. This state of affairs probably obtained since the time of Vesalius.

The conflict between interest in the dead and in the living patient was rationalized, sometimes as a question of parts versus the organism as a whole, at other times as organic versus psychological medicine. To solve this conflict, medical educators might have taken a cue from the school of Salerno, where the students prayed for the soul of the cadaver. Or following Kant's opinion (in his letter to Hufeland), the patient might have been turned over to the philosophical faculty.

The students of Semmelweiss had no particular objection to his theories. What they did not like was his telling them to clean up after coming from the autopsy room to the ward; this they resented as discrimination against their dead patients. Virchow's resistance to the march of medicine from the dissecting room is of course well known; he fought a good fight *pro domo*. But still, even today, there are many physicians who will not believe anything they learn directly from or on the living patient. They are convinced only by what they find at autopsy or what they learn on a cat.

These people never could understand psychoanalysis. They will never unambivalently believe that a patient should be alive. To offset them there are the great empiricists, of whom Dr. Binger approves. Dr. Binger praises Jerome Cardan, the man who monkeyed around with his patient till the patient was cured; he praises Minot who kept plugging away at liver therapy on the live patient; and he praises Freud who turned the floodlight of his magnificent curiosity on the living event.

We may now better formulate what Dr. Binger thinks is the doctor's job. It is the doctor's job to overcome his attachment to and his guilt towards the dead, and constructively to utilize his attachment to and guilt towards the living. Better than the admittedly clumsy term 'psychosomatic medicine' would be, to characterize this attitude, The New Empiricism, or perhaps Bio-medicine.

As to secondary matters of style and literary grace—when a reader forgets how a book reads stylistically, and that a friend wrote it, and is attentive only to its contents, needless to say it was well written.

B. D. L.

THE ORIGIN AND FUNCTION OF CULTURE. By Géza Róheim. New York: Nervous and Mental Disease Monographs, 1943. 107 pp.

In one hundred pages divided into three chapters, the well-known psychoanalyst and anthropologist, Géza Róheim, formulates his views of the origin and function of culture. In the first chapter, The Problem of Growing Up, the author proposes the thesis that neurosis and culture are based on the same mechanisms and owe their existence to the prolonged infancy ('delayed infancy') of the human species. One of his arguments, that the central figure of primitive cultures, the medicine man, is 'either neurotic or psychotic, or at least his art is based on the same mechanisms as a neurosis or psychosis' is, to say the least, a generality of little consequence. It is, of course, true that neurosis and psychosis are the products of the same human mind, the same fantasy activity which underlies the practice of the medicine man. The fundamental principles of unconscious fantasy activity are the same in normal and abnormal processes; the same in neurosis, psychosis, in art, in dreams, and rituals. The specific nature of rituals, as well as of culture in general as distinguished from neurosis and psychosis, is one of the crucial problems of social anthropology.

Another thesis of the first chapter is that every culture has certain 'dominant ideas' which are determined by the infantile situation. It would be more correct to say that these dominant ideas are determined by the infantile situation *and other factors.* Róheim rejects Ruth Benedict's formulation that: 'Different cultures differ because they are orientated *as wholes* in different directions'.[1] Rejecting this view, Róheim cannot give an answer to the question: what determines the specific infantile situations typical for different cultures? This question is almost entirely evaded except for a brief reference to Kardiner's work. The infantile situation is the starting point of the author's whole thinking. It is a kind of *deus ex machina* or *causa sui* which cannot be further reduced by causal analysis. In the reviewer's opinion, how the *social organization as a whole* determines typical parental attitudes and, as a result, infantile responses is one of the essential questions of social anthropology. This problem, the question of basic personality structure as determined by the whole social structure, has been recently approached

[1] Reviewer's italics.

successfully by different anthropologists. In Róheim's book there is no thought given to this cardinal question.

In the last section of the first chapter the author comes to the conclusion that in growing up we 'substitute active for passive object love but under the veneer of giving love we always retain the desire to receive love and the loves and triumphs of adult life are really "Paradise Regained", the refinding of the infancy situation on another level'. This is tantamount to saying that there is no real maturation, that the development from helpless infancy to an adult maturity has no deep effect upon the individual's emotional organization. According to this view, the genital attitude is not something new which appears with biological maturation, not the expression of a biological state of maturity, but only a veneer covering pregenital trends which remain essentially unchanged throughout life. By this assumption the author develops the theory that culture in the last analysis is a response to the infantile situation, a theory which becomes very dubious if one considers that the culture-producing members of society are not infants but adults and that therefore adult mentality has something to do with culture. Only if adult mentality is identical with infantile mentality, only if the facts of biological and psychological growth are ignored can such a theory be proposed. The author realizes this difficulty and in the last chapter describes differences between neurosis and culture. Culture, he says, is based on 'sublimations which constitute the bulk of our civilization' (p. 93) and the essence of sublimation is that it 'leads the libido into ego-syntonic channels by the creation of substitute objects'. 'The basis of society is formed by these substitutions. The most important of these substitutions is a human being, the wife who replaces the mother.' The author remains consistent: for him growing up does not consist primarily in a change of the *quality* of interpersonal relationships but in a mere substitution of other objects for the infantile objects. For him the world is inhabited by infants grown physically big. The final conclusion, therefore, is unavoidable: 'The function of culture is to protect mankind from object loss, the colossal efforts made by a baby who is afraid of being left alone in the dark'. The fact that the organism matures, reaches the limits of its individual growth, after which its energies become directed towards objects not in a 'clutching', help-seeking fashion, but in

a procreative, productive, protective, giving fashion (genitality), and that this mature attitude is specifically an adult one and has no counterpart in the helpless, dependent infantile situation, and that the adult does not seek security only by clutching to objects like an infant but by mastery of reality, all this is not considered in this treatise about the psychodynamics of culture.

The second chapter on economic life and culture is the most successful portion of this brochure. In this, the author convincingly demonstrates that economic procedures such as gardening, agriculture, cattle raising, and trade were not invented because of their utility but were discovered accidentally during leisurely play activity from the erotic pleasure they offered and secondarily became utilized for survival. In the reviewer's opinion this thesis is valid and is convincingly illustrated by Róheim with well selected examples. This thesis could serve as the nucleus of a correct psychodynamic interpretation of the cultural process. In the framework of the author's theory of culture, however, this important fact is very incompletely evaluated. Róheim explains the secondary utilization for survival of the pleasure seeking play activities which led to the discovery of trading, gardening, agriculture, domestication of cattle, and other economic devices from the fact that 'the child obtains both pleasure and nourishment at the mother's breast'. Here the author would have had opportunity to demonstrate how the prolonged infancy of the human being makes play activity possible and thus gives opportunity for the child to experiment playfully with the use of its organs. He could have demonstrated also that in the development of the ego, the child learns the different bodily functions at first during play activity. It learns to focus with its eyes, to seize with its hands, and to walk; it learns all these coördinated movements while playing with its body and exercising its bodily functions at first for the sake of erotic pleasure and not for utilitarian self-preservative purposes. The fact that adults take care of the biological needs of the child makes it possible for the child to indulge in these pleasurable erotic play activities and while doing so, to achieve mastery of its bodily functions which later, when it becomes independent, will be indispensable for survival. It is fascinating to observe that in group life the discovery of useful economical activities follows the same principles that the ego does in learning the different useful bodily functions during its development.

For the reader whose expectations have been aroused by the promise of the title, The Origin and Function of Culture, this book is on the whole disappointing. Mythology, rituals, and folklore are unquestionably suitable objects for the study and illustration of fantasy activity. Freud, Jung, Abraham, Reik, Rank, and Róheim did pioneer work both in utilizing psychoanalytic principles abstracted from clinical material for the interpretation of rituals as well as in making use of anthropological material for the illustration and elucidation of clinical observations. The specific forms of cultural phenomena, however, cannot be explained from universal mechanisms. Human nature offers unlimited possibilities and the question why just this or that set of unconscious mechanisms of the many possible ones became activated in a given culture must be explained by specific factors. All constituent parts of a culture are determined by the total cultural configuration, by the specific pattern of collective life as it develops under the specific influences of historical events, inter-cultural contacts, geographical, and climatic conditions. These different patterns of collective life (the whole of the culture) determine the characteristic ways of living, thinking, and feeling of the members and above all, it determines the paternal attitudes, the modes of child raising, and in this way, the specific forms of infantile emotional constellations which ultimately lead to the specific personality structure and conflict situations characteristic for a culture. Thus the cultural pattern, the specific form of collective life, whether it be a certain type of agricultural organization, an industrial or a nomadic community, whether a peaceful or a warring civilization, all these together with ideological traditions, determine the specific content of folklore, customs, rituals, and the constituent parts of a given culture. That the parts of any system can only be correctly evaluated from the point of view of the total configuration, a principle that has come to be known as the 'field theory' and the 'gestalt theory', has become a fundamental methodological principle. Róheim interprets the meaning of specific rituals, taken out of the context of the whole social structure, and makes use of his broad knowledge of cultural material to illustrate the workings of fantasy. These, if critically employed, are legitimate procedures but are not in themselves sufficient to elucidate the origin and function of culture, nor can they explain the specific variations of cultural phenomena.

FRANZ ALEXANDER (CHICAGO.)

PSYCHIATRY AND THE WAR. Edited by Frank J. Sladen, M.D. Springfield, Illinois: Charles C. Thomas, 1944. 505 pp.

This volume bears the subtitle, A Survey of Psychiatry and Its Relation to Disturbances in Human Behavior to Help Provide for the Present War Effort and for Post War Needs. It is a record of the Conference on Psychiatry held at Ann Arbor, Michigan, October 22, 23 and 24, 1942, at the invitation of the University of Michigan and McGregor Fund, and various aspects of psychiatry are presented by well known leaders in the field. The book is divided into five parts. The first is called the Philosophy of Psychiatry and deals with its meaning and scope, its relationship to psychological schools of thought and its significance to internal medicine, general surgery, pediatrics, and geriatrics. Part two deals with research in psychiatry—physiological, psychological, and psychosomatic— and contains chapters on the future of medical research and of psychiatry and the controversial in psychiatry. Part three concerns psychiatry in the training and experience of the individual and contains chapters on education in general and in the lower and higher schools, and also in relationship to courtship and marriage, family life, religion, community relationships, sociology, and the criminal. Part four deals with psychiatry in the war, in the army, navy, and civilian defense, in national and international affairs, in industry, morale, propaganda, and the postwar problems. Part five consists of a review of the foregoing papers with an assigned and open discussion.

It is hardly necessary to present a summary of each of these contributions for the readers of this journal who are acquainted with the views and orientation of most of the contributors. Each reader no doubt will have different scientific and philosophical tastes in his preference for the various chapters.

Dr. Adolf Meyer's chapter conveys his usual comprehentive outlook. Dr. Percival Bailey's discussion of the uses of psychiatry in general surgery is one of the outstanding ones in the book. He describes the patient who insists upon operations, the difference between neurotic pains and those of organic origin, the number of neurotic patients in the field of plastic surgery, the terrifying effect of the operating room on children, the rôle of the patient's anxiety in his recovery, and the 'antics of some surgeons'.

The late Macfie Campbell's chapter is in his usual witty, pointed

style and perhaps goes to the heart of the matter in his question as to whether he 'should deal with the controversial in psychiatry or the controversial in psychiatrists'. Dr. Franz Alexander's chapter on somatic research is concerned chiefly with the theory of conversion hysteria and organ neurosis. One of the most interesting chapters of the book is by the Reverend Otis R. Rice. It is a serious statement of the pastors' attitudes, problems and needs for psychiatric understanding. 'Whether you as psychiatrists like it or not, people will continue to seek help from their ministers, and parsons will continue to counsel them. Therefore an impressive number of the clergy are realizing their own limitations in this area and are turning to other disciplines to implement their own techniques and approaches. Mind you, they do not seek to be amateur psychiatrists. Rather do they strive to make their own proper ministrations more effective and to prevent themselves from being guilty of malpractice on human souls.'

The section on Psychiatry in the War contains excellent chapters on psychiatry in the services by Colonel Porter, Captain Harrisson and General Reinartz.

Dr. Kolb's chapter stresses a point much in need of attention, namely the relative neglect of research in psychiatry as compared with the facilities afforded other fields. He has long advocated a government institute for this purpose.

LEON J. SAUL (SWARTHMORE, PA.)

FOSTER HOME CARE FOR MENTAL PATIENTS. By Hester B. Crutcher. New York: The Commonwealth Fund, 1944. 197 pp.

The careful selection of suitable patients from psychopathic hospitals for supervised living in community homes is the subject of this book. This plan of family care is gradually gaining acceptance in this country with substantial evidence of therapeutic value to the patients. The first family care for the mentally sick began as a religious observance in the middle ages in Gheel, Belgium, where it has in modern times been organized as a government program.

Miss Crutcher has covered all aspects of her subject in a well-written and interesting book. The completely uninformed reader should start reading the book at chapter seven and read through chapter nine (the history of the subject and the excellent case

histories) to stimulate his interest for the more technical statistical and economic aspects of the subject which are covered in the first chapters.

The administration of foster home care is completely dependent for success upon the expert planning and supervision given the patients and the families with which they live by highly trained social workers. Hester Crutcher, who is Director of Social Work of the Department of Mental Hygiene of the State of New York, reveals incidentally in her narration the patient, intelligent and—it is not an exaggeration to say—loving efforts of the social workers to relieve their charges from the segregation of institutional life and provide them with an approximation of a home and a family.

One is haunted by the feeling in reading the case histories that if as much love, security and human understanding had been given these individuals in their early years of development when they most needed it, they would not have become charges of the state.

R. G.

CONTEMPORARY PSYCHOPATHOLOGY: A Source Book. Edited by Silvan S. Tompkins, Ph.D. Cambridge, Mass.: Harvard University Press, 1943. 600 pp.

This compilation of forty-five articles from the periodical literature of psychiatry and psychology was designed as a source book for undergraduate students in abnormal psychology. As such it represents a considerable advance over earlier efforts in this direction since the editor brings to his task a biased eclecticism significantly overweighted towards freudian psychopathology.

The book is divided into four sections: I. Mental Disease in Childhood; II. Psychoneuroses and Psychosomatic Medicine; III. The Schizophrenic Psychoses; IV. Experimental Psychopathology. In the first section, papers by Ribble, Greenacre, Huschka, David Levy and Erik Homburger Erikson are presented. The first article in the second section is Alexander's The Influence of Psychologic Factors upon Gastro-Intestinal Disturbances, reprinted from This QUARTERLY, Vol. III, 1934, a milestone in contemporary psychopathology. Among the papers that follow are ones by Dunn, Kardiner, French, Saul, and Balken and Masserman. The section on schizophrenic psychoses is organized to offer the student a broad

panoramic view of the physiological, neurological, psychological and clinical aspects of these disorders. Although there is little emphasis on therapeutic problems elsewhere in the book, the papers of French and Kasanin, and Fromm-Reichmann, which deal with these issues, are included in this section (with, presumably, the hindmost of the undergraduates being left to the devil). The final section, Experimental Psychopathology, is the bulkiest, comprising fifteen articles selected from the fields of animal experimentation, hypnosis, projective techniques and topological psychology. The important papers of Alexander Wolf, J. Mc. V. Hunt, and Farber and Fisher are included.

There are none of Freud's original articles in this anthology—undoubtedly because the undergraduate is expected to have ready access to Freud's works in other volumes. Nevertheless, one wishes that the originator of contemporary psychopathology might have been included if only for the reason that many of his papers exhibit a simplicity and incisiveness all too rare in a literature in which a tendency toward sterile subtility abounds. Except for this omission, it would be difficult to quarrel with the editor's judgment.

JULE EISENBUD (NEW YORK)

PSYCHIATRY FOR NURSES. By Louis J. Karnosh and Edith B. Gage. Second Edition. St. Louis: The C. V. Mosby Co., 1944. 339 pp.

This fine nursing text is carefully introduced with a warm appreciation of the problems worrying the new psychiatric nurse. Ideal goals are outlined and rewards promised for the interested student.

The initial chapter on the history of psychiatry is an adequate survey from prehistoric trepanning to Freud who 'brought psychiatry as a living subject to the attention of every intelligent man and woman'.

Chapter III, The Structure of the Personality, sketches the rudiments of Freud's libido theory, identifies the id, ego and sugerego, and explains such other concepts as introversion, extroversion, etc. The description of the growing personality is continued in the next chapter with clear, definitive explanations of the most commonly used dynamisms such as rationalization, sublimation, repression, projection, identification. A discussion of psychosomatic medicine introduces a chapter on the causes and classification of mental diseases.

The greater part of the book is concerned with the description, treatment and nursing care of the major psychoses. Care has been taken to include advances in the science of the physical treatment of mental illnesses, such as malaria and various types of fever therapy for neurosyphilis and chorea, sodium amytal prolonged sleep treatment in agitated mental states, vitamin therapy in delirious and exhaustive states such as alcoholism, pellagra and polyneuritis, insulin shock treatment of schizophrenia, and metrazol and electric shock therapy for depressions.

The final chapter is an excellent plea for the coöperation of psychology, sociology and psychiatry in the application of mental hygiene to the psychological development of children.

WILMA K. WIGGERS (NEW YORK)

SOCIAL PSYCHOLOGY. By Kimball Young. Second Edition. New York: F. S. Crofts & Co., Inc., 1944. 578 pp.

In this second edition of his comprehensive and brilliantly written textbook the author (who derives many of his basic views on human relations from the master mind of American social psychology, George Herbert Mead) has used many concepts of psychoanalysis. He does so with skill and assuredness. Psychoanalysts, who in reading this book may find much valuable information, should be stimulated by it less to criticism of the author than to self-criticism. I am inclined to think that Young might have referred more consistently to the clinical findings of psychoanalysis, had they been accessible in better, i.e. less ambiguous, formulations.

ERNST KRIS (NEW YORK)

OMNIPOTENT GOVERNMENT. The Rise of the Total State and Total War. By Ludwig von Mises. New Haven: Yale University Press, 1944. 291 pp.

The author's main thesis is that governmental intervention in business, economic nationalism, socialism, and planning are the most dangerous trends in modern society. They of necessity led to war and to all the other more or less catastrophic features of our epoch which could have been prevented by economic liberalism, unhandicapped capitalism and free trade.

There is no doubt that this is an important book, far above the average presentation of social cure-alls, and worth-while

reading even for those who do not share the author's economic or political theses. The main idea is put forward with an extraordinary clarity and consistency. It is the opinion of a man of obvious sagacity, honesty and astonishing erudition in the most varied fields of knowledge. However, rather than try to check the soundness of his central tenet, or to follow the author into the wealth of historical and economic arguments which he advances to bolster it, I would like to offer one critical remark concerning the author's views on the influence upon historical development of explicitly formulated scientific theories, as this relation between behavior and 'rational' knowledge is also of prime interest in our analytic work.

One is not surprised to find that Mises, the eminent economist, centers his historical views around economic rather than other sociological or psychological tenets. History becomes for him a kind of struggle between economic doctrines or theories—much more so than this reviewer, and probably most psychologists, would find justified. What psychoanalysis has taught us about the variety of ways in which 'rational' and 'irrational' behavior are interrelated has not yet been accepted by the majority of social scientists. Thus if one can prove that the rational, scientific economic teachings, utilized by the socialists on one hand and the Nazis on the other, have elements in common, this means to the author that political movements which we call 'socialist' or 'Nazi' are also essentially similar—closer to one another in their historical significance than, for instance, either is to those social groups that profess economic liberalism. Inferences of this type, from the similarity of the 'rational' to the similarity of the 'irrational', will, of course, sometimes prove to be correct, but cannot generally be expected to be true because of the variety of non-rational, partly independent social factors involved and because of the many possibilities of their structural interrelationship. In the case in question, this reviewer doubts very much the validity of the author's particular sociological conclusion.

In psychoanalysis, when we try to classify personality types as 'similar' or 'dissimilar', or when we have to form an opinion as to whether certain character traits in an individual are compatible or incompatible, we have learned not to rely too much on the aspect of rationality alone. We are inclined to expect

that things may also be somewhat analogous where historical trends are concerned.

Thus, although there are some very pertinent remarks on the concepts of 'rational' and 'irrational' behavior, the author clings to the idea that man is mainly motivated by what we would call his ego interests. This part of the book could have profited considerably by the application of a definite set of psychological concepts regarding personality structure and its relations to the means and ends of human conduct—a set of the kind provided by analysis that attempts to demonstrate which way ego interests and tendencies originating in the other psychic systems, the id and the superego, are interrelated.

We may say that there is a great wealth of penetrating psychological statements throughout Mises' book, especially in a most timely chapter which cautions against the somewhat amateurish abuse of such concepts as 'national character' found in many political writings of today. But the author, generally speaking, does not expect much help from psychology as a science for a deeper understanding of historical problems. This negative attitude sometimes leads him to what I would consider biased views, as when he contends that it is tautological to refer to a person's character if one wants to explain his behavior; or when he feels that psychology does not explain 'why being crossed in love turns some people toward dipsomania, others to suicide, others to writing clumsy verses, while it inspired Petrarch and Goethe to immortal poems and Beethoven to divine music'. There is obviously some truth in this statement but only in so far as analysis lacks the means to elucidate the problem of inherited 'talent' or 'genius'. Apart from this factor, if our answers are incomplete, this is by no means a question of principle as Mises assumes it is. There is no essential reason to doubt that psychology will go far beyond its present limitations.

In singling out for discussion only a few psychological points, I do not do justice to the work as a whole. Neither its aim nor its method of approach is a psychological one. It is regrettable that the author did not more fully utilize the possibilities which psychoanalysis of today offers the social scientist. Nevertheless his work is outstanding with regard to what it contributes towards a better insight into the social troubles of our age.

HEINZ HARTMANN (NEW YORK)

ABSTRACTS

Child Department Consultations. D. W. Winnicott, Int. J. Psa., XXIII, 1942, pp. 139–146.

This is a report on the cases 'that came through the Child Department of the Institute for Psychoanalysis in London over a period of one year'. The work is comparable to that done at psychoanalytically oriented child guidance clinics in this country. Since analysis was usually not available even for cases for which it was indicated (the names of some of these cases were put on a waiting list), the author tried to help with advice, psychoanalytically oriented psychotherapy, change of environment and application of social services.

OTTO FENICHEL

Some Observations on Individual Reactions to Air Raids. Melitta Schmiedeberg. Int. J. Psa., XXIII, 1942, pp. 146–176.

Melitta Schmiedeberg gives an extremely interesting factual report on her observations during the London blitz. Although these observations do not bring any surprising new psychoanalytic insights, the report makes fascinating reading and gives a moving glimpse into the 'deeper layers' of life during the London blitz.

The author's own summary runs as follows: 'There were very much fewer dramatic reactions to the raids than had been expected. It is true that a number of cases of "raid-shock" have probably escaped observation and that many of those who could not stand the raids left for the country. But the majority of the population adapted itself to the new "blitz reality". It did so by acquiring new standards of safety and danger and by gradually learning to take the bombing as an unpleasant but unavoidable part of life. Fearlessness was usually based on the secret conviction "I cannot be hurt"—an emotional denial of the possibility of being hurt and regression to the narcissism of the baby. Adaptation was helped by identification with those less frightened than oneself and "projection" of the frightened part of oneself on to more timid people. Activity, providing a sublimated outlet for aggressiveness and countering the feeling of helplessness, was a help. Rational fears were increased by irrational ones. Yet the "blitz situation" also provided ample libidinal, sadistic and masochistic satisfaction. The condition of certain neurotics improved.'

OTTO FENICHEL

How Can Civilization Be Saved? Ernest Jones. Int. J. Psa., XXIV, 1943, pp. 1–7.

Effective help presupposes that the helper understand the situation which he intends to change for the better. Only a good diagnostician can be a really good therapist, although the public thinks differently especially when a state of emergency demands immediate and thorough help. Most advice given in sociological problems is still of the nature of quick remedies by too eager therapists who promise too much and attempt to act before they have really

grasped the situation. Jones is of the opinion that 'social therapists' should first of all study psychology, against which they actually show the most intense resistance. The reviewer would be inclined to add that unfortunately most psychologists show a corresponding resistance against sociological studies. In Jones's ensuing discussion, examples are quoted to indicate the importance of individual psychological conflicts for events in society, with little attention to the fact that the conflicts of the individual in turn depend on the social institutions under which they are living. Jones explains that human actions are rooted in human wishes, that some human wishes give rise to anxiety, and that people develop mechanisms to fight this anxiety, especially those of introjection and projection. These mechanisms falsify reality-testing by creating, for example, the tendency to believe that certain persons, nations, or ideas are 'wholly good', or 'wholly bad'. The absoluteness of some political doctrines makes the psychiatrist suspicious. Jones goes on to review Freud's ideas about the relations between the leader and the led, showing that the power with which leaders are endowed through the psychological needs of those they lead creates a danger of 'paternal benevolence in a ruler deteriorating, either temporarily or permanently, into inhumanity and ruthlessness'. As a remedy against this danger, Jones suggests 'that in a sane society a leader would be required to pass certain elementary psychoanalytic tests, if not to have been properly analyzed himself'. Without mentioning economic or class-sociological problems, Jones states that 'the wave of emancipation associated with scientific progress and the industrial era has now been followed by a vehement clamor for authority', which is connected with a renascence of belief in magic and in the omnipotence of authorities. Jones says, 'I have not heard, however, of any Foreign Office consulting psychiatric experts on the safest ways of coping' with these facts. The reviewer is afraid that psychiatric experts would not be able to offer a sufficient remedy. It would be rather more worth while to study the social conditions under which a mass regression from independent and active decision to a longing for omnipotent authority occurs.

OTTO FENICHEL

The Concept of Dissociation. Edward Glover, Int. J. Psa., XXIV, 1943, pp. 7–13. This paper is Glover's contribution to the symposium on Ego Strength and Ego Weakness, held at the International Psychoanalytic Congress at Paris in 1938. Glover stresses the fact that the concept of ego strength cannot be comprehended from one angle alone. Dynamic, economic and structural criteria must be applied simultaneously. Dynamically, an optimal freedom from anxiety and from guilt-arousing and energy-consuming defenses is the premise for a good mastery of instincts as well as of affects. Economically, the capacity for harmonious adaptation through an efficient application of the mechanisms of displacement is the most essential factor.

The structural point of view is discussed by Glover at greater length. He repeats and discusses his well-known thesis of a multilocular origin of the ego, composed of derivatives of various 'ego nuclei' which came into being independently of each other from the struggles between component instincts

and environmental demands. The synthesis of the various ego nuclei does not take place until comparatively late and may be pathologically blocked or regressively abandoned. For states in which the ego nuclei are still or again autonomous, Glover suggests the old term of 'dissociation'. He is of the opinion that many psychotic phenomena can be understood much more easily by the use of this concept of 'dissociation'.

OTTO FENICHEL

An Acute Psychotic Anxiety Occurring in a Boy of Four Years. Susan Isaacs. Int. J. Psa., XXIV, 1943, pp. 13–32.

Mrs. Isaacs attempts to show by means of a five-month analysis of a four-year-old boy with temper tantrums and 'fits of queer excitement' that (1) 'external and internal reality are intertwined in the symptoms, the developmental history and the analytic responses of an individual', and that (2) 'serious difficulties may be masked by a general appearance of reasonable normality in a patient whose symptoms might easily be considered normal for early phases of childhood'.

The first attempt succeeds through the analysis of the boy's reaction to several 'traumatic' events which occurred after six weeks of analysis. His grandmother was operated on while at the same time his mother and his aunt were hurt in minor accidents. As was to be expected, the reactions of the neurotic boy were determined by his past history and by the latent unconscious conflicts mobilized by these events.

The second attempt is less successful. It seems that Mrs. Isaacs uses the terms 'psychotic', 'paranoid' and 'depressive' much more lightly and in a much broader sense than the average psychiatrist who is therefore not entirely convinced of the 'seriousness' of the boy's difficulties. The same holds true of the interpretations which are given according to the theories of Melanie Klein and which will not convince anybody who does not already believe in these theories. The difficulties of understanding are increased by a partially divergent nomenclature—for instance, Mrs. Isaacs talks about 'projection' where we would say 'transference' and describes the patient's reactions to the 'traumatic events' with words such as: 'These happenings had stirred up in him intense anxieties of a psychotic nature, referring to the primal scene between the internalized parents'—and through a divergent technique. Not only do the indications for interpretation differ from those taught by Freud, but Mrs. Isaacs also believes it necessary to tolerate such acting out during the analytic sessions, as '[the boy] took all his clothes off, climbed up on the table, and defæcated there'.

OTTO FENICHEL

Success and Failure. Paul Schilder. Psa. Rev., XXIX, 1942, pp. 353–373.

Schilder's deals with the analysis of 'failure-like neuroses', i.e., of patients without manifest symptoms whose characters are 'related to what psychoanalysis calls moral masochism'. He considers the failure of patients of this type a 'perversion in social function'.

The cases presented are characterized by their lack of suffering. The patients

are not typical masochists. 'All of our four patients are very much satisfied with themselves. The fifth is also comparatively happy. They all give up without a real struggle, and without any real trial. They are either convinced of their own capacities so that trial seems unnecessary, or they are convinced that the will is thwarted anyhow.' Schilder recognizes that this behavior represents an escape; the feeling of guilt is repressed. But he believes that there are at least some cases in which the feeling of guilt is also 'particularly weak on the unconscious level', cases which probably should be diagnosed as 'mental infantilism'.

As to the etiology of these neuroses, the author relates them to specific constellations in early childhood: the parents' attitude consisted in a kind of exaggerated admiration combined with outbursts of aggression. In two cases a fairly detailed account of childhood memories is given; however, it is not clear how much of this was gleaned by psychoanalysis and how much by group-psychotherapy. In two other cases the material presented is limited to a superficial description of the patients' failures and their relation to some unsolved infantile conflict.

EMANUEL WINDHOLZ

Some Psychoanalytic Notes on a Case of Actual Neurosis with Obsessions. Stefi Pedersen. Psa. Rev., XXIX, 1942, pp. 427–434.

The author gives a brief account of the successful psychoanalysis of a case of anxiety neurosis with obsessions. The patient's impulse to jump out of the window was related to feelings of dizziness experienced after the birth of a sibling at the age of four and a half years, in identification with the suffering mother. The patient's impulse to murder was connected with fear and jealousy of an older brother. The fear of a 'razor floating toward him' was the expression of an early fear of his father.

Since all obsessions were of a purely eidetic nature, the author comes to the interesting conclusion that the patient's eidetic capacity might have favored the development of obsessive thoughts rather than of compulsive actions. This conclusion deserves further comparative clinical investigation.

EMANUEL WINDHOLZ

The Death Wish in Daily Life. Benson Carmichael. Psa. Rev., XXX, 1943, pp. 59–67.

Having accepted Freud's formulation of the death instinct as theoretically unassailable, Dr. Carmichael gives a report of the exposition of this theory by a physician who had no theoretical knowledge of psychoanalysis but who was himself under psychoanalytic treatment for a severe depression. During an analytic hour the physician discussed his own early interest in cases of suicide among his acquaintances and associates, his own speculation about the motivation behind the act, and his final conclusion that one of the underlying factors was a wish for death that could not always be explained on the basis of the reality situation of the individual. He had also concluded that there was an unconscious wish for death underlying certain patterns of 'normal'

behavior, citing such examples as fast driving, expressions of condolence, interest in dare-devil stunts, fear of falling from high places, etc. The interesting aspect of the article is the fact that it is apparently a direct excerpt from an analytic hour, summarizing conclusions drawn prior to the inception of the patient's analysis which coincide so closely with the type of material used to indicate descriptively the expression of the death wish, as that wish is sometimes psychoanalytically interpreted.

IRENE M. JOSSELYN

Some Psychiatric Aspects of Anorexia Nervosa, Demonstrated by a Case Report. K. R. Eissler. Psa. Rev., XXX, 1943, pp. 121–145.

The presenting symptom in a case of anorexia nervosa turned out to be an accompanying sign of a severe developmental disturbance of the ego. The whole personality had remained on an oral level and the analysis made possible a study of the ways in which the archaic ego functions. Orality showed itself not only in the symptom and in the fact that food was the patient's main interest, but also in peculiarities of her speech and in her incapacity for appropriation. She was entirely dependent on getting narcissistic supplies. Her intense fixation on her mother was infantile to such an extent that Eissler summarizes the relationship in the following words: 'The mother remained the most important part of the patient's ego'. He believes that an entire lack of maternal tenderness and physical affection was responsible for the establishment of the disturbance. Because of the patient's infantile character, magical therapeutic procedures were successfully employed.

OTTO FENICHEL

A Note on Arabic Dream Interpretation. Gustave E. von Grunebaum. Psa. Rev., XXX, 1943, pp. 146–147.

'Islam remembers the pious traditionist, Muhammad B. Sirin, who died in Basra 728, as an authority on dream interpretation.' Grunebaum quotes several examples of dream interpretations ascribed to him and shows that they are similar to psychoanalytic symbol interpretation.

OTTO FENICHEL

Psychological Problems of Stepchildren. Else P. Heilpern. Psa. Rev., XXX, 1943, pp. 163–176.

On the basis of five case histories the author comes to the following conclusions: the loss of a parent actuates the œdipus complex. The castration complex is revived and anxiety and inhibitions appear. The substitute parent becomes the object of the negative attitudes which had been latent towards the dead parent and the surviving parent is looked upon as a traitor, particularly if this parent was the object of the child's positive attitudes. The stepparent is concomitantly considered a trespasser. If the child has been strongly identified with the deceased parent he will feel discarded together with the latter and this will invariably affect the child's character development. In the case of females whose mothers have died this may be a factor in the development

of a prostitution syndrome. Because the stepparent feels the child's unspoken accusations as the trespasser and because the true parent also feels accused, the defenses erected against the feelings of guilt even by overtly and objectively good parents will contribute to the difficulties in mutual adjustment.

MAXWELL GITELSON

Sibling Death as a Psychological Experience. Saul Rosenzweig. Psa. Rev., XXX, 1943, pp. 177–186.

The author describes a group of schizophrenics who have experienced approximately twice as many sibling deaths as certain control groups consisting of normals, manic-depressives and general paretics. The majority of such deaths occurred before the patients reached six years of age. Rosenzweig presents two cases from literature and three clinical cases to show how this may be a predisposing factor in the precipitation of a psychosis.

RALPH R. GREENSON

The Idea of Psychogenesis in Modern Psychiatry and in Psychoanalysis. George Gero. Psa. Rev., XXX, 1943, pp. 187–211.

Gero discusses the difference between the unprecise way in which the conception of 'psychogenesis' is handled by some nonanalytic psychiatrists and the dynamic-economic definiteness of this concept in psychoanalytic theory and practice. He refers to the work of Wimmer and Kretschmer as examples of nonanalytic psychiatry. Wimmer believes in the traumatic determination of some psychoses, Kretschmer stresses a constitutional predisposition in the character which makes persons react to certain experiences with psychoses. In contrast, Freud understood the relativity of the conception of 'trauma'. Which experiences have the effectiveness of a trauma or of a precipitating factor is determined by the patient's prehistory, that is, by the history of his instinctual conflicts and their effect on the integrity of the personality. Practically never do we have to deal with one particular precipitating trauma, but rather with a chain of impressive experiences. Constitution and experience form a complementary series. Our knowledge of the mechanisms of symptom formation enables us to understand the interrelationship of the two supplementary factors, not only with regard to the content of the symptoms, but also to their form.

'The most important criterion for the diagnosis of psychogenesis is how far it is possible to apprehend those mechanisms that really dominate the symptom formation. There are convincing experiences that show the examiner whether he has arrived at the dynamics behind the disturbance.' Besides, if the necessary caution is applied, the therapeutic effects of psychotherapy also permit conclusions as to psychogenesis.

'There is a group among the psychogenic psychoses that is of similar structure to the neuroses, and that can be understood and successfully treated by the methods of psychoanalysis.'

In addition, there are other psychoses of physical origin.

OTTO FENICHEL

Estudio Psicosomático de la Coriza. Guillermo Ferrari Hardoy. Revista de Psicoanálisis, Argentina, I, 1944, pp. 531–554.

The author discusses the possible psychogenic factors in acute common colds. He psychoanalyzed a patient who, during the treatment, presented a series of common colds which turned out to be precipitated by the remobilization of a number of unconscious infantile conflicts. Hardoy arrived at the following conclusions:

(1)There is a close resemblance between the psychic factors which cause asthma, hay fever, and the common cold.

(2) The chief factor involved is a fear of loss of maternal love.

(3) In chronic or repeated rhinitis, there is an erotization of the sense of smell, the nasal organ, and of the respiratory function.

(4) This eroticism is the expression of a displacement upwards of an intense anal eroticism.

(5) The erotization facilitates infections producing the common cold.

ANGEL GARMA

Paranoia y Homosexualidad. Angel Garma. Revista de Psicoanálisis, Argentina, I, 1944, pp. 555–578.

Garma in this paper illustrates the connection between paranoia and homosexuality, demonstrating this connection with several instructive clinical cases as well as with illustrative passages from works of fiction and poetry. He also reveals and criticizes several objections, raised by clinical psychiatrists, against the psychoanalytic theory of paranoia.

MARIE LANGER

Algunas aportaciones a la psicología de la menstruación. Marie Langer. Revista de Psicoanálisis, Argentina, II, 1944, pp. 211–232.

Whereas many women feel that menstruation is a castration threat, the author stresses the fact that sometimes girls, who had previously exhibited a very 'masculine' behavior, react to the first menstruation with great pleasure and experience it as a relief. Psychoanalysis of four cases of this kind revealed that the patients had behaved in a masculine way not out of any deep-seated penis envy, but rather because they had doubted their feminine qualifications, especially their ability to bear children, and therefore felt that menstruation was a reassurance. They were all suffering from an unconscious fear of retaliation for hostile tendencies against their mothers, who were believed to have damaged them internally. In the discussion of the development of these patients, Langer comes to the conclusion that there are in women two kinds of castration fear, the usual type, which is analogous to the boy's castration fear, and another one, the fear of having lost female genital abilities. Furthermore, the author refers to two other possible unconscious significances of menstruation. It can be used to deny and reject homosexual tendencies, and it may satisfy sadistic attitudes towards the mother: 'mother' = 'bleeding uterus'.

ANGEL GARMA

Tension States in the Neuroses. Lewis R. Wolberg. Psychiatric Quarterly, XVII, 1943, pp. 685–694.

Neuroses are defined as conditions of disturbed physiological balance of the body. Abnormal tension arises and, because of the spurious goals of the neurotic, a permanent state of excitation develops. Autonomic stimulation and widespread physiological changes result from this condition in which tension is not used for goal directed strivings as in the healthy individual. Treatment aims at a reorganization which, through the development of new techniques in interpersonal relationships, will permit a satisfactory fulfilment of needs.

CAREL VAN DER HEIDE

The 'Spontaneous' Mental Cure. Lewis R. Wolberg. Psychiatric Quarterly, XVIII, 1944, p. 105–118.

Wolberg suggests that the process of mental cure, spontaneous or induced, parallels normal ego development in that the patient reorients himself to those about him, abandoning unrealistic concepts of himself (guilt, unworthiness) and of others (unprovoked hostility). He offers illustrative case histories in which casual external occurrences seemed to induce a drastic alteration in the picture of the self and of the outer world, permitting the establishment of progressively improving rapport with others. Wolberg's conclusion in essence is that kindness, patience and interest pays off in good therapeutic results.

One can hardly take issue with this stand and one can only regret that Wolberg's evident empathy with the all-too-often forgotten man in the state hospitals is so uncommon a commodity. But one wonders how often such dramatic results ensue from environmental manipulations with the advanced psychotic (such as he uses for illustration). One must certainly question the unqualified generalization that 'even the most pernicious forms of psychoses show a tendency toward spontaneous remission'.

Society welcomes even partial improvement and the capacity to adjust outside the institution even if at a minimal level. This degree of improvement can very likely be effected far more often than is currently the case. But, as Wolberg says in closing, 'a permanent cure involves a real alteration of the ego', and it is questionable whether this happens frequently, either spontaneously or as a result of external manipulations.

JOSEPH LANDER

Psychotherapeutic and Interpersonal Aspects of Insulin Treatment. A. Gralnik. Psychiatric Quarterly, XVIII, 1944, pp. 179–197.

This article emphasizes the psychotherapeutic aspect of insulin treatment, paying high tribute to Manfred Sakel who considered his method 'not only as a medicine but also as an instrument' the success of which depends 'on the skill of the guiding hand'. The author refers to various cases treated at Central Islip State Hospital which became accessible after lengthy explanatory and reassuring interviews despite their initial resistance. The insulin treatment itself, although very often not even carried to the point of coma,

was mainly utilized to strengthen the relationship of patient to therapist. The environmental situation in the hospital, as well as that after discharge, were taken into consideration. Close contact with family and friends is maintained after the discharge which takes place at the earliest possible time, although this may mean taking a chance. The results were very encouraging: 'Psychotic manifestations really become unnecessary to the patient as he reëstablishes good interpersonal relationship with those who treat him; he no longer needs psychotic manifestations to gain security or to help him in a now needless withdrawal from society'.

JULIUS J. STEINFELD

Correlation of Some Psychiatric Problems Encountered at Induction Centers and in Army Hospitals. K. Nussbaum. Psychiatric Quarterly, XVIII, 1944, pp. 225–232.

In an attempt to refine the technique of induction psychiatric examinations, the author relates his experiences in the psychiatric wards of an Army General Hospital. He classifies the cases into the following four groups:

(1) Neuropsychiatric disorders established before induction.

(2) Potential psychiatric casualties. Here he places potential psychotics, adjusting well in a sheltered environment; potential and actual neurotics adjusted in civilian life; the unstable, the alcoholic, and the psychopaths including the malingerer. All these should be rigidly excluded.

(3) Apparently well-adjusted individuals who break under battle strain. He raises the question as to whether there may not be an organic injury at the basis of the symptoms of the many casualties who fall into this group. No suggestions are offered regarding the investigation of personality factors involved.

(4) Patients with psychosomatic problems. The author points out that a careful psychiatric study should be made—for treatment and subsequent service—before a man of this group is drafted. All too often correction of a minor defect exposes a personality quite inadequate to meet the problems of military life.

ROBERT COHEN

Psychopathology of Stuttering. J. Louise Despert. Amer. J. of Psychiatry, XCIX, 1943, pp. 881–886.

After a survey of the diverse psychiatric theories on stuttering, the author discusses her own conclusions based on fifteen cases. 'The maternal neurotic attitude in the early eating-speaking situation' is considered of paramount importance. However, 'into this early situation there are crowded several developmental phases, namely, change to solid food and self-feeding, walking, sentence formation, initiating of hand-preference and elimination control'. Anxiety and hostility expressed in oral fantasies are also prominent. A typical case is presented extensively. No mention is made of anal material as an etiological factor though most of the psychoanalytic papers on this subject have stressed the hidden anal-erotic meaning of the symptom.

EDITH BUXBAUM

Psychoneuroses Incidental to Pre-Flight and Primary Flight Pilot Training. Walter O. Klingman. Amer. J. of Psychiatry, C, 1943, pp. 217–223.

The author attempts to describe the various psychiatric reactions observed in cadets during the preflight and primary phases of pilot training. The dynamics of the different conflicts are presented from the standpoint of the instinct of self-preservation. The author believes that the ability to adjust is dependent upon the successful repression and suppression of fears. Other instincts and other mechanisms of defense are not mentioned.

RALPH R. GREENSON

An Approach to Psychological Control Studies of Urinary Sex Hormones. A Report on Three Menstrual Cycles. George E. Daniels. Amer. J. of Psychiatry, C, 1943, pp. 231–240.

A special method of studying the correlation of psychological factors with urinary sex hormone output is described. Psychiatric interviews at times of hormonal pressure brought increased spontaneous production of material, relief of tension and improvement of social adjustment. Repeated observations concerning the relationships between hormonal pressure and neurotic symptoms may have implications for psychotherapy in general. Further control studies on urinary hormones are in progress which for the first time include men.

MARTIN GROTJAHN

A Note on Tattooing among Selectees. Joseph Lander and Harold M. Cohn. Amer. J. of Psychiatry, C, 1943, pp. 326–327.

From the material collected at an induction board, the authors confirm the psychiatric observation that tattoos are often indicative of 'constitutional psychopathic states'. The rejection rate among tattooed men (48 per cent) is almost twice as high as in untattooed men (28 per cent). The short and mainly statistical paper hardly comments on the many problems which the custom of tattooing presents to psychoanalysis.

MARTIN GROTJAHN

Emotional Disturbances Following Upper Respiratory Infection in Children. Helen G. Richter. Amer. J. of Psychiatry, C, 1943, pp. 387–396.

This is an excellent clinical study of twelve children, ranging in age from five to fourteen years, who developed severe emotional disturbances following mild upper respiratory infections. Despite the low fever, each case was characterized by the presence of a 'quasi-delirium' marked by apprehension, tension, lability in mood, and motor restlessness. This lasted one or two days. It was followed by a period of anxiety and mild depression which within a month was replaced by the characteristic feature of the illness, an obsessive compulsive state which lasted about six months. All the children recovered by the end of nine months. The ultimate personality status of these patients was considered better after recovery than before the illness.

As a group the children were of the inhibited type, the 'good child' doted upon by certain types of parents and teachers. They were characterized by

obedience, subservience, meticulousness, dependence and unaggressiveness. The mental content as observed during the acute phases of the illness revealed preoccupation with threatening, noxious circumstances which were about to befall the patient and against which he 'must do something'. During the psychotherapy the central theme was aggression and ambivalence, which was difficult to express and which produced anxiety and guilt.

Richter holds that the acute illness mobilized hostile impulses against which the original passive defenses had previously sufficed, that the quasi-delirium was the consequence of the disorganization of these defenses, and that the obsessive compulsive state which followed represented a new defense position. The children themselves looked upon the experience of becoming sick as upon a punishment for some transgression.

MAXWELL GITELSON

Military Psychodynamics: Psychological Factors in the Transition from Civilian to Soldier. Meyer H. Maskin and Leon L. Altman. Psychiatry, VI, 1943, pp. 263–269.

Elimination of all neurotic persons at induction centers would not dispose of the problem of neurotic reactions in the army. Some of the disorganizing aspects of military life are: 'chain of command' with the necessary subordination, the almost obsessive repetition in the routine of daily life, the sociosexual frustration with the loss of personal identity, the ethico-moral degradation, the disillusionment. Military life however offers powerful compensatory aspects: relinquishment of civilian anxiety, excitement and change, liquidation of provincialism as geographical horizons widen, the revitalization of the concepts of 'Duty' and 'Service', of Cause and Country, and the renascence of women which will ultimately beget a new, freer collaborative and democratic relationship between men and women. In conquering fear and death, man gains new strength and freedom and achieves personality growth, independence and maturity.

MARTIN GROTJAHN

Women in Wartime. Disabilities and Masculine Defense Reactions. Edith Vowinckel Weigert. Psychiatry, VI, 1943, pp. 375–379.

In the patriarchic society of Western culture the concept of 'masculinity' rests on ideals of self-assertion, discipline, courage and competitive aggression. In classical freudian terminology, the woman's deficiency in self-respect has been labeled 'penis-envy'. This implies the tendency to consider feminine insecurity as fundamentally irreparable. By three case histories, it is shown that such 'phallocentric' prejudice does not sufficiently explain the tendency toward self-defeat in neurotic women. Preoccupied with socially determined fears of defeat, neurotic women may become extremely aggressive or may repress their spontaneous emotions and withdraw into infantile fantasies. These pessimistic restrictions of vital impulses arrest the maturing process and cripple the self-respect. Restricted in their capacity to love, these women desperately need to be loved. Wartime morale, however, matures women.

MARTIN GROTJAHN

Present-Day Trends in Psychoanalysis. George J. Mohr. Psychiatry, VI, 1943, p. 281–284.

There is an increasing tendency among analysts to think in concrete psychodynamic terms rather than in abstractions. Freud's original biological orientation is again emphasized in the present-day interest in physiological considerations. A realistic conception of the functioning of the personality in his social setting is attempted. Finally, the author mentions the tendency of psychoanalysts to investigate and experiment in the field of therapy on the assumption that more flexible use of psychoanalysis as a therapeutic instrument is desirable.

MARTIN GROTJAHN

Limitations to the Psychotherapy of Schizophrenics. Kurt R. Eissler. Psychiatry, VI, 1943, pp. 381–391.

The personality of the psychiatrist frequently hampers the chance of successful treatment of schizophrenics. Not only is the schizophrenic's perceptive world richer by one dimension than that of the nonschizophrenic—to whom this dimension exists only as a potentiality—but the patient's extreme preconscious sensibility renders treatment very difficult. In order to meet the schizophrenic in his own world, acceptance of the patient's level is a necessary psychotherapeutic tool. This acceptance must not be light-hearted; it must be in earnest. It is frequently stressed that love and patience are the main tools in handling schizophrenics; it must also not be forgotten, however, that loving indulgence may drive psychotics into even deeper withdrawal. The entire gamut of emotions should be at the therapist's disposal but the difficulty lies in the necessity to combine it with an objective attitude. The modern psychiatrist faces a dilemma in that awareness should accompany all his therapeutic moves, while this same awareness tends to destroy the adequate psychic field of therapy. The necessity to accept the patient's world may threaten the physician's mental equilibrium. Eissler even thinks that the psychotherapist should not be unduly preoccupied by thoughts of 'therapy' because this very concept implies the inferiority of that which needs to be cured. The feeling that the physician expects his patient to recover may be an unbearable burden to the psychotic. Quite logically, Eissler finally asks the concluding question: whether schizophrenia is not rather a specific mode of living which is extraneous to the polarity of health and disease.

MARTIN GROTJAHN

The Spiritual Background of Hitlerism. Gustav Bychowski. J. of Criminal Psychopathology, IV, 1943, pp. 579–598.

The aim of this paper is to examine the spiritual background of Hitlerism in order to reach an understanding of Hitler's personality. The psychic structure called 'national character' is made up of inherent and acquired characteristics. 'Hatred which at first divided the German tribes . . . found a centrifugal escape after the unification of Germany. . . . Lust for power and the worship of brute force are basic traits common to both German statesmen and philosophers', often concealed by an attempt at idealization. Projective mechanisms, especially of one's own aggressiveness, serve as alibi so that the attack appears as a self-protection. This was particularly used by Frederick the Great—probably

consciously—and absorbed by his subjects. Submissiveness and imperiousness remain the principal ideals of the German collective mind.

The author freely quotes observers such as Müller-Freienfels, and Fouillee, as well as protagonists of the German mind, such as Hegel, Nietzsche, Treitschke, et al.

The purpose of the paper is to give a compilation of facts for a psychological study.

HENRY LOWENFELD

Some Notes on Apache Criminality. George Devereux and Edwin M. Loeb. J. of Criminal Psychopathology, IV, 1943, pp. 424–430.

Three cases of criminal behavior in Apache Indians are described. They are attributed to the transition stage between native and white cultural patterns. Practical aspects of native legislation are emphasized.

GÉZA RÓHEIM

Hypocrisy: Its Implications in Neurosis and Criminal Psychopathology. Edmund Bergler. J. of Criminal Psychopathology, IV, 1943, pp. 605–627.

The character trait called hypocrisy is a particular blend between submission and aggression the reasons for which, as Bergler shows in three cases, are unconscious. A tyrannical father asked more lip service than inner conviction. The result was masochistic submission and pseudo-acceptance which carried retaliation in the form of hypocrisy toward the tyrant. The masochistic desire to be mistreated was the deeper motivation of the hypocritical attitude. Hypocrisy is a mechanism which acts in the unconscious ego that is in a constant conflict with the superego. The ego is weak but at the same time elastic and cunning and unable to renounce its intense narcissism. The superego follows the pattern of the educator who tyrannically enforces his rules with no regard as to whether the acceptance is real or feigned. The ego then outsmarts the superego through pseudo-acceptance. The superego is ridiculed in its own house, so to speak; the typical rôle of ego and superego is reversed. This inner struggle is externalized by projection upon innocent victims. Only in this respect is hypocrisy conscious. The action against the superego is always repressed. The constant fight against the educator who has been first introjected and then projected gives the impression of aggressiveness. Unconsciously, the hypocrite is a very passive person who fights desperately to disguise his passivity. The writer indicates that the 'mechanism of hypocrisy' has some bearing on certain groups of criminal actions which express aggression toward the 'hypocritical' society.

BERNHARD BERLINER

Murder and Justice. Gregory Zilboorg. J. of Criminal Psychopathology, V, 1943, pp. 1–27.

Zilboorg starts with a discussion of the position of the psychiatric witness in court. The dignity of the psychiatric profession demands that the psychiatrist should not testify for any side, but for the court. Legal practice hires the psychiatric expert to testify either for the prosecution or for the defense and

frequently limits his service to answering a questionnaire. This procedure does not allow the psychiatrist to display fully his findings and the impartial scientific judgment he has arrived at. Zilboorg blames the parties' 'narcissistic anxiety invested in winning the case' for the deplorable fact that the psychiatrist is deprived of the function of an impartial witness in court.

He presents the case of a fourteen-year-old boy, son of a West Virginia working man, who was accused of having shot and killed a neighbor woman. The defense had asked Zilboorg to testify as to the boy's insanity. He was allowed to present his investigations and testimony in his own way. The psychological picture did not allow any conclusion as to whether the boy had committed the crime or not. The defendant had signed a confession and later revoked it. In personal interviews with Zilboorg the boy faced the question of murder with placidity turning into cheerfulness. From the history we learn that the boy had been 'a good child' with an obvious tendency to identify with his mother and a one-year-younger sister. He liked to act the rôle of a woman and preferred feminine activities in the kitchen. At the age of four and one half, shortly after the birth of a brother whom he liked to feed on the bottle, he obeyed a sudden impulse to run away from home. At the time of his beginning puberty he was twice exposed to sexual seduction by older girls. He did not give in to their invitation but he became increasingly tense, frightened and withdrawn. His school work deteriorated, he slept overlong, and started to hear voices and to have visions of being persecuted, choked or killed. He stole three hundred dollars from a store and ran repeatedly from home. In this period a gun fell into his hands. On a walk with his little brother he tried to shoot this gun and frightened the brother by his expression of rage. After shooting into the bushes he calmed down and returned to his father's home. Ten minutes later the neighbor woman with whom the boy had no recognizable emotional relation was killed by a shot. The boy was arrested; his stolen gun was found in the lake.

Zilboorg came to the conclusion that the boy presented a schizophrenic development with feminine and homosexual tendencies which at the time of beginning puberty made him extremely sensitive to sexual temptations and afraid of impending imaginary attacks by men. These conflicts estranged him from his environment. The question was raised whether a boy in this state of mind could be held responsible for the crime of which he was accused. Zilboorg left this question to the jury who returned a verdict of not guilty on grounds of insanity. EDITH WEIGERT

A Brief Impression of British Military Psychiatry. J. R. Rees. Bulletin of the Menninger Clinic, VIII, 1944, pp. 29–35.

Brigadier Rees, who is the consulting psychiatrist for the British Army, RAMC, points out that in Great Britain some 30 per cent of the final discharge rate is due to various psychiatric disorders. This is on a par with figures in Canada and the United States. He points out that in rapid action, winning warfare there is a much smaller percentage of war neuroses than in long, drawn-out and stalemated military situations. In Britain, psychotics are kept in military hospitals for as long as six to nine months if they are responding

to active treatment. The mentally retarded are transferred to a special army corps for heavy labor and apparently do excellent work. The psychoneurotics are given selective jobs in the army enabling some 50 per cent of the severe cases to remain on duty. The British have devised a system of officer selection by which candidates work for two or three days with a team of line officers, psychiatrists and psychologists, in contrast to the usual single interviews. Brigadier Rees stresses the necessity for enabling soldiers in combat to face their own fears without shame. For the war neuroses, treatment near the front line, sedation and abreaction are considered the most valuable therapeutic agents.

RALPH R. GREENSON

Some Factors in the High Rate of Neuropsychiatric Casualties. G. B. Chisholm, Bulletin of the Menninger Clinic, VIII, 1944, pp. 36–38.

Bridagier Chisholm of the Canadian Army points out the following factors as decisive for the high psychiatric casualty rate among allied troops: in the allied countries, human life and comfort have always been more highly treasured than in other nations. We have been brought up with the slogan 'Safety First' whereas the motto 'Live Dangerously' is stressed in the Fascist nations. Our children are brought up with a contempt for and a fear of violence. In our culture we encourage children to repress all manifestations of fear. All these factors explain the great emotional conflicts and changes our fighting men have to undergo in order to adjust to the demands of war and thus also partially explains the high psychiatric casualty rate.

RALPH R. GREENSON

Some Special Aspects of Psychotherapy in the Army Air Forces. John M. Murray. Psychosomatic Med., VI, 1944, pp. 119–122.

The powerful external forces of the battle situation, as well as specific internal conflicts and tensions, make the shifts from health to neurosis and back again much more sudden than is ever seen in civilian experience. All men develop anxiety in the battle situation. In bomber crews, anxiety develops before or after the combat rather than during the missions. A definite and rapidly progressing characterological change in pilots which may be called a regression to early adolescence frequently serves as a protection against their being overwhelmed by anxiety. Aggressive reactions as well as relations with their mates are often dominated by a 'Dead End Kids' attitude. Individuals who experience severe anxiety situations under hazardous conditions apparently need a homosexual-aggressive regression of this type in order to carry on successfully. This, however, is connected with a certain danger of later neuroses.

MARTIN GROTJAHN

Brief Psychotherapy in War Neuroses. Roy R. Grinker and John P. Spiegel. Psychosomatic Med., VI, 1944, pp. 123–131.

In this short and precise paper, the authors give a fascinating and impressive summary of their outstanding work in the diagnosis, treatment and understanding of war neuroses observed during and after the invasion of North

Africa and Sicily. They succeed in three outstanding tasks: they show modern psychiatry at work, they report observations which every psychiatrist, no matter where he works, should know, and, with their observations and discussions, they point the way to an understanding of war neuroses.

The paper must be read in the original; only highlights may be mentioned here. Nobody is immune to the development of war neuroses. Therapy includes persuasion, suggestion, re-identification with the all-powerful group, and stimulation of the ego-ideal. The 'covering-up' method is indicated when the stage of actual neurosis is not yet reached. Where anxiety cannot be reduced by cessation of the stimulus, 'uncovering techniques' must be used. In order to have the patient reëxperience the intense emotions of the traumatic battle experience, sodium pentothal is used in so-called 'narcosynthesis'. The different steps of this brief psychotherapy are described in detail; establishment of a positive transference, release of unconscious tension, gratification of needs for dependency, recognition of the temporal and spatial present, release of repressed hostility (this is the hardest task of all), identification with the therapist and development of a final independence from him.

MARTIN GROTJAHN

Psychoanalytic Contributions to Psychosomatic Medicine. M. Grotjahn. Psychosomatic Med., VI, 1944, pp. 169–175.

Although psychoanalysis is to modern 'psychosomatic medicine' but one of many research methods which must coöperate with others in order to achieve good results, the general concepts of psychosomatic medicine are based entirely on psychoanalytic theory. It is regrettable that certain authors, when writing on 'psychosomatic' problems, do not know enough about this theory and about the way in which it underlies the more general psychosomatic problems. Grotjahn's 'bibliography' on the Psychoanalytic Contributions to Psychosomatic Medicine is therefore especially useful. This short bibliography is not limited to an enumeration of the books and papers in question but adds excellent and condensed general reviews of each of them, which suffices to inform the reader of their general nature and to help him decide which of them he ought to read in the original.

OTTO FENICHEL

The Significance of Psychological Research in Schizophrenia. Kurt Goldstein. J. Nerv. and Ment. Dis., XCVII, 1943, pp. 261–280.

This study originated in research—by Goldstein and Gelb—on patients with irreversible brain lesions. The examination of the patients' behavior led to the distinction between concrete, i.e., realistic, and abstract, i.e., categorical or conceptual attitudes. The characteristic change in patients with brain lesions is a disturbance of attitude towards the abstract. The authors arrived at their results by the use of various sorting tests, a procedure adopted by Vigotsky in his studies on schizophrenia.

An investigation of schizophrenia by use of the various tests showed many similarities between schizophrenic patients and those with brain injuries: 'In a certain group of schizophrenics, there is a characteristic impairment of

the attitude towards the abstract'. The schizophrenic prefers situations of activity. Their answers are of the same type as those of organic patients, often expressed in an entirely subjective language in which the words sometimes become fully 'individual', referring to certain concrete situations once experienced.

The phenomenon in organic brain lesions of the isolation parts of the nervous system finds its parallelism in the schizophrenic 'phenomenon of isolation'; the disturbance in the 'figure-background relation' is considered as an impairment of the capacity to discriminate between the essential and the nonessential. An abstract attitude is required in both situations. As a result of this disturbance there is a defect in recognition which is the basis for many illusions and delusions of the schizophrenic.

Because of the similarity in the disturbance of abstract thinking in organic and schizophrenic patients, the author discusses the possibility of a somatic factor in schizophrenia.

In the last chapter, Consequences of Our Results upon Psychotherapy, Goldstein states that the lack of contact with the schizophrenic patient is not necessarily caused by his mental seclusion; it may be caused by the impairment of the patient's abstract attitude. In this connection, Goldstein refers to the studies of Fromm-Reichmann and Klaesi, and suggests an adaptation of the therapist to the patient's thinking capacities.

JULIUS I. STEINFELD

Observations of the English in Wartime. Ignacio Matte. J. Nerv. and Ment. Dis., XCVII, 1943, pp. 447–463.

During the London blitz, various means of mastering anxiety could be observed. Sharing the common danger with others, mutual active assistance and community life in the shelter served as the main forces protecting people against anxiety. The feeling of actual and imaginary protection by the R.A.F. and by anti-aircraft gave reassurance. A healthy expression of hatred against the Germans provided a useful outlet. Humor expressed in jokes about comical situations during raids and the recounting of narrow escapes, real or imaginary, also alleviated tensions. Progressive adaptation accompanied the gradual increase in experience. The author speaks of a 'process of mental elaboration' which accustomed people to the idea of danger. MARGRIT MUNK

Notes on the Personality of Patients with Migraine. Lowell S. Trowbridge, Dorothy Cushman, M. Geneva Gray, Merrill Moore. J. Nerv. and Ment. Dis., XCVII, 1943, pp. 509–517.

An investigation of the personalities of fifty patients suffering from migraine indicated that all showed signs of emotion instability. Former observations according to which migraine patients regularly show an 'intense sentimental attachment to their parents', sexual inhibitions and personal insecurity, are quoted and confirmed; the majority of cases is open to anxiety or depressions and always ready to 'take the blame'. The patients seem to be characterized by a constant fight against an unconscious hostility.

OTTO FENICHEL

Psychological Observations in Affective Psychoses Treated with Combined Convulsive Shock and Psychotherapy. Norman A. Levy and Roy R. Grinker. J. Nerv. and Ment. Dis., XCVII, 1943, pp. 623–637.

The authors report on several cases which confirm the opinion of Grinker and MacLean that 'convulsive shocks produce physiological disturbances in the brain which affect the dynamic relationship between the inhibiting, repressing functions and the inhibited repressed aggressive drives resulting in a freer expression of these affects more directly in dream, fantasy, verbal or motor activity'. If possible psychotherapy should handle these newly mobilized aggressive tendencies. The liberation of the aggressive drives may be favorable even if not accompanied by any conscious understanding of the process. The authors warn of the possibility of a depression turning into a manic attack when treated by shock therapy.

OTTO FENICHEL

Formal Criteria for the Analysis of Children's Drawings. Trude Schmidl-Waehner. Amer. J. of Orthopsychiatry, XII, 1942, pp. 95–104.

Through the study of spontaneous drawings, the author is attempting to develop a test which will give diagnostic and prognostic information about children's emotional difficulties. She believes that the content of the drawing is useless for such a purpose. Its meaning is so disguised by displacement, condensation and other mechanisms analogous to those of dreamwork, that interpretation is unreliable without free association and extensive knowledge of the patient. She thinks that the formal elements in a drawing are more stable and reliable criteria. Her method permits the child free choice of drawing materials, paper, color, format, and size. In the present preliminary investigation she utilized at least twenty pictures from each child. Many characteristics were analyzed, of which she mentions only seven. These are: size, format, size of the single form elements, distribution of form elements, the use of lines or spots, choice of colors, and the representation of motion. Her findings are as follows: with respect to size, normal children prefer large or medium-sized sheets of paper while neurotic children show a preference for small sizes and psychotics exhibit the greatest variation in choice, typically picking either very large or very small papers. By format, the author means the proportions of the drawing and the shape of the paper chosen. Normal children prefer the conventional rectangle. Psychotics pick either very long, very large, or very bizarre forms, such as ovals or rhomboids. The feeble-minded show no preference as to size. All children tend to mix different sizes of single form elements in one picture, except for the dull, who usually employ only one size. The fourth criterion, namely, the distribution of form elements, involves such things as symmetry, balance, and rhythm. Normal children make either a well-balanced or a loose picture. Neurotic depressions show a strong trend toward rigid symmetry. Psychotic and feeble-minded children draw very asymmetric pictures, unless depression is present. Normal children use both lines and spots in the same picture, thus freely mixing drawing and painting. Psychotic children like to use only lines. With respect to color, normal children use all colors except black and white. Neurotic depressives avoid yellow and red and use considerable

black and some white. The author cites one case in which a child changed his color scale to black and brown during a period of depression. Psychotic children often have a definite fear of color or of certain colors, while dull children are generally apathetic to color. The elements classed as indicating motion include not only moving figures but also the use of curves and angles. Normal children portray a great deal of motion, psychotic children use both extremes of much and little motion, while mental defectives generally do not employ motion in their pictures.

The author hopes to correlate her findings with personality types. She points out the diagnostic utility of her test for children who do not verbalize or who are frightened by any formal testing situation. Her hope to develop a quick procedure has certainly not yet been realized because her present test is decidedly cumbersome both to give and to score. She mentions one instance in which encouraging a fearful psychotic child to draw produced some therapeutic effect, in so far as the child was enabled to overcome his fear of color by active mastery. Several short clinical examples are included in the paper.

To the reviewer, it seems that the procedure described has certain potential advantages over the more formal Rorschach or thematic apperception tests. The latter not infrequently create a good deal of anxiety and blocking in a very anxious child. A test involving drawing, which is a natural and universal activity of childhood, can be given casually and at almost any time or place. It would appear, however, that before painting analysis can be of much clinical use, it will be necessary to determine exactly what functions are represented by the formal characteristics of drawings. This can be done only by a careful comparison of the drawing analyses with rather full psychoanalytic formulations of particular cases, with especial attention to the defense mechanisms employed by the ego. One would suspect offhand that such defense mechanisms and the character structure might be particularly revealed in drawings. This assumption can be verified only by a more exacting clinical study than the author has yet undertaken.

A. H. VANDER VEER

Group Studies of Preadolescent Delinquent Boys. Pauline Rosenthal. Amer. J. of Orthopsychiatry, XII, 1942, pp. 115–127.

In groups spontaneously formed on the childrens' wards at Bellevue Psychopathic Hospital, it has been noted that younger children seek protection in the group, while preadolescents seek status and communal support for their defiant attitude to authority. Group sexual activities among both younger and older boys seem to serve hostile rather than object-libidinal purposes; they are often reactions to confinement, which is construed either as a rejection, a proof of status, or a punishment which relieves guilt. In the type of delinquent who steals to relieve his sexual guilt, sexual activity during confinement may represent the relative instinctual freedom after a need for punishment has been appeased by incarceration. On the basis of these observations, Dr. Rosenthal has developed a rapid diagnostic technique which is the subject of this report. In order to preserve the continuity of a group long enough

to make valid deductions, the spontaneously formed group is periodically withdrawn from the ward to a closed room for an hour's observation by the psychiatrist. Food is always provided. During the session, the boys are permitted free expression in word and act, with the adult playing an essentially passive rôle. The author feels that the children react to her, not in her real status, but rather as a representative of their various unconscious images of parental figures. The main portion of the paper is devoted to one clinical example involving six sessions with a single group. The focus of interest is an eleven-year-old thief. From a rather meager history and from the sequence of the patient's behavior (sibling rivalry—genital exhibitionism—aggression), the author draws several conclusions. She feels that the boy functions at the level of fantasy rather than at that of reality, that his basic œdipus fantasy is one of simultaneous genital intercourse with the mother and anal intercourse with the father, that his stealing represents both a libidinal gratification and a wish for punishment, and that his disturbance is closer to a psychosis than to a neurosis.

This reviewer cannot pretend to follow the complicated dynamics of the interviews reported. The material does not seem clear enough to warrant Dr. Rosenthal's far-reaching conclusions. Such of her findings as seem valid are substantiated by the history rather than by the study of the group. In short, this reviewer feels that Dr. Rosenthal does not succeed in demonstrating that her group technique offers much of value in the way of a diagnostic tool.

A. H. VANDER VEER

The Development of Paranoic Thinking. Norman Cameron. Psychological Rev., L, 1943, pp. 219–234.

The author differentiates between 'social' and 'individual' behavior and attributes the paranoiac's delusions to a defect in his adjustment to his social environment. Anticipated and fixed perspectives represent an important hindrance to adjustment. This is especially true concerning social taboos. Incorrect ideas in the asocial individual lead to further incorrect ideas and finally a 'pseudo-community' is created by the paranoiac's reactions to his own preoccupations. The paranoid person projects his individualistic standards on to the external world and so glides into conflict with his environment. This development ends in estrangement of the community to the paranoid person and eventually leads to his elimination from the social environment. Psychoanalytic theories are not mentioned.

JULIUS I. STEINFELD

Converging Approaches to Personality. S. Rosenzweig. Psychological Rev., LI, 1944, pp. 248–256.

Schools of thought in psychology are often believed to present conflicting explanations of personality. The thesis of this eclectic analysis is that the significant contemporary contributors to personality study (Murray, Allport, Lewin) are attacking different problems and for that reason employ different techniques and concepts. Murray and his associates who are psychoanalytically

oriented attempt the reconstruction of past experiences to better understand the present personality with the use of free association techniques. Allport, utilizing personality tests and rating scales, is interested in present personality uniqueness. Lewin emphasizes the influences of the environment and studies it as a behavior determinant. A further point of contrast between these approaches is Murray's concern with abnormal adjustment as distinguished from Allport's interest in normal personalities. Lewin does not dwell appreciably on personality structure, normal or abnormal. Instead, he devotes his time to uncovering environmental vectors that determine behavior, in order to formulate laws of behavior.

Rosenzweig presents a diagram illustrating the relations between the three major approaches. This figure shows that '. . . Allport emphasizes the personality as it now appears within its own boundaries, Murray queries how it got that way from past experience, and Lewin studies its interaction with the present environment'. The author anticipates a synthesis of these approaches to personality study in the near future and points to their complementary aspects as evidence of the validity of this prediction.

JAMES E. BIRREN

Logic in Psychosomatic Medicine. R. W. Burnham. Psychological Rev., LI, 1944, pp. 257–259.

The author of this brief paper is apparently disturbed over what he feels is the lack of operational logic in psychosomatic medicine. Operational logic is that outgrowth of modern physics which emphasizes the relativeness of measurement and accordingly requires definitions of phenomena in terms of the processes used to observe or measure them. The lack of operational logic is more apt to be present in material gathered by a clinically oriented method with which, for example, one may measure the physiological factors but not the associated anxieties. This inability to quantify such variables as anxiety leads to difficulties in definition, and by further implication, into the analysis of causal factors. Because of such language difficulties workers in the field of psychosomatic medicine are accused of not effectively resolving problems of mind-body relations. With greater emphasis on experimental procedures in psychosomatic medicine, criticisms similar to those advanced in this paper will disappear.

JAMES E. BIRREN

The Psychology of Modern Germany. William Brown. Brit. J. of Psychology, XXXIV, 1944, pp. 4–59.

'Modern Germany underwent a psychological transformation after the defeat of 1918, regressing to the power-politics of Frederick the Great and Bismarck. Nationalism was deliberately fostered and intensified, in reaction to Communism and alleged international Jewry. Adolf Hitler rose to power on this wave of primitive reaction, helped by the military and by big business, and was rapturously accepted by the mass-mind of the nation. Mutual interaction between the leader and the led brought about a unification of the nation

at a primitive level, with liberation and encouragement of a sadistic aggressiveness. The hysterical and paranoid tendencies that are so manifest in Hitler have their counterpart in the reactions of the entire nation, and the post-war treatment of Germany should be adjusted to these psychopathological facts.'

Professor Brown thus summarizes his very interesting article. A profound student of German metaphysics, he gives a very instructive account of its relation to the Nazi movement. He perhaps overemphasizes its rôle in the total picture while minimizing political and economic factors. There is a naïve attitude toward Chamberlain and his policies, and toward the Nazis, that gains expression in such comments as: 'It was quite clear that Munich had baulked him [Hitler] of his full warlike intentions', and 'Could they [German psychiatrists] not have discreetly indicated the possibility of danger ahead?'.

EMANUEL KLEIN

The Problem Child and His Environment. H. Banister and M. Ravden. Brit. J. of Psychology, XXXIV, 1944, pp. 60–68.

Statistical data are given on one hundred twelve children, both residents and evacués, who were brought to the Cambridge Child Guidance Clinic. An attempt is made to analyze these data in terms of a correlation between the main neurotic symptoms of the child and the conditions of its environment.

MARGARET S. MAHLER

Psychoneurosis in RAF Ground Personnel. D. N. Parfitt. J. of Mental Science, XC, No. 379, 1944, pp. 566–581.

This paper is based on the treatment of one hundred fifty psychiatric casualties who were hospitalized and three hundred ambulatory patients, all connected with RAF ground personnel. The author's conclusions are as follows: refusal to try is not a main cause of failure to adapt to service life. Predisposition is important but is at present overemphasized. The diagnosis of psychoneurosis is much more personal than uniform. There is less hysteria in this war than in the last war. Results of treatment are determined by the speed with which the treatment is instituted. Sedation has been employed for sleeplessness, narcosis therapy is of value for the acute war neurosis and narcoanalysis should be used by those who find it effective. Occupational therapy is found to be the best form of 'ancillary' treatment. The prognosis in general is difficult to determine and is, for the most part, poor. (These findings are not entirely in accordance with the findings in the American Air Force ground personnel.)

RALPH R. GREENSON

Psychogenic Amnesia: The Refusal to Remember. D. N. Parfitt and Carlyle Gall. J. of Mental Science, XC, No. 379, 1944, pp. 511–531.

The author discusses the problem of psychogenic amnesia using some illustrative case material. He evaluates first the effect of organic factors which, in some individual cases, may overlap the psychogenic factors. He differentiates between 'defensive amnesia' and 'hysteric amnesia'; both are due to emotional anguish but in defensive amnesia there are no complaints about the amnestic

symptom, while the hysteric uses the symptom for his exculpation. The borderline between hysteric amnesia and the amnesia of the malingerer is fluent. The malingerer deliberately refuses to take the responsibility for an emotionally unbearable situation; the hysteric under the same circumstances unconsciously or automatically takes his refuge in amnesia. The author points out that amnestic fugues have much similarity with children running away from home, from an emotional situation with which the child feels incapable of coping. The author reports that in the treatment of amnesia and fugues, he was usually able to overcome 'the refusal to remember' by persuasion, sometimes supported by intravenous barbiturate injections. The reader may object that such persuasive treatment of the acute conflict only circumvents a momentary impasse. The disposition toward such primitive escape mechanisms as 'defensive amnesias', hysteric amnesias, fugues and even malingering represents a more or less serious personality disorder.

EDITH WEIGERT

A World Without Psychic Frustration. Franz Alexander. Amer. J. of Sociology, XLIX, 1944, pp. 465–469.

Asked to write on a world without frustration, Alexander points out that frustration and gratification are functions of each other. Frustration is a useful emotional experience, playing a rôle in the developmental process of adaptation. Its elimination is neither realistic nor desirable. Only those frustrations with no hope of solution are destructive and should be eliminated by creative activity and social and technical mastery.

NORMAN REIDER

The Indications for Psychoanalytic Therapy. Franz Alexander. Bulletin of the New York Academy of Medicine, XX, 1944, pp. 320–332.

Most psychiatrists, after having specialized in psychoanalysis, use it exclusively as a standard technique, choosing their patients accordingly. The answer to the question, 'In which cases is psychoanalysis indicated?' depends upon whether one defines psychoanalysis by such external criteria as the frequency of the interviews, the utilization of the couch and the method of free association, or whether one defines it by more essential criteria as a therapy which utilizes the phenomena of transference and resistance to increase the patient's ability to find ego-syntonic gratification. Every form of psychotherapy must be based on a sound knowledge of psychodynamic principles. Uncovering therapy aims at inviting unconscious material into consciousness and then helping the patient through interpretative work to bring these newly won psychodynamic quantities into harmony with the rest of the personality. The criteria for the initial choice of technique are derived from observations revealing the degree of the ego's functional efficiency.

In certain contrast to Alexander's demand for 'sound knowledge of psychodynamic principles' stands his remark: 'Under the weight of evidence offered by the facts of experimental neurosis of animals, and even more by the experiences of war psychiatry, we will have to discard the traditional view that the

neurosis is a condition which etiologically always goes back, if not to constitution, at least to infantile experiences'. So far animal experimentation has not given any clues to the understanding of human motivation and war neuroses have convincingly demonstrated the outstanding importance of infantile experiences in every case carefully enough studied. The author probably means something else than he says, namely, that (animal experimentation and) war experiences have shown that the uncovering of early childhood memories is not always necessary for improvement.

MARTIN GROTJAHN

Placement Resulting from Psychosexual Disturbance in a Mother-Son Relationship. Frieda M. Kuhlman. The Family, XXV, 1944, pp. 143–151.

The underlying cause for an increasingly aggressive behavior on the part of a nine-year-old boy was an intense love relationship between mother and son which became acute after the death of the father. The mother who had a pathological attachment to her own mother which had blocked her early in her psychosexual development now directed her strivings toward her child and wanted to keep him a baby. Through his behavior the boy warded off temptation to yield to his œdipus wishes. His conflict revolved around provoking a separation from his mother and fear of loss of love. Changes in the home set-up and frequent consultations held with mother and son were ineffective. Subsequently, however, placement in a boarding school, that is, separation from the mother over an extended period of time, afforded the boy the opportunity to work through his œdipus conflict and also to lessen the mother's guilt feelings.

MARGRIT MUNK

NOTES

The PHILADELPHIA PSYCHOANALYTIC SOCIETY, at its annual meeting on June 9, 1945, elected the following officers: Gerald H. J. Pearson, M.D., President; George W. Smeltz, M.D., Vice-President; LeRoy M. A. Maeder, M.D., Secretary-Treasurer. Sydney G. Biddle, M.D., is Chairman of the Educational Committee and Gerald H. J. Pearson, M.D., is Director of the Philadelphia Psychoanalytic Institute.

The SAN FRANCISCO PSYCHOANALYTIC SOCIETY gave a course of weekly lectures during May and June for physicians in the San Francisco County Medical Society Building. The lectures ran as follows: Psychoanalysis as a Medical Science, by J. S. Kasanin; The Method of Psychoanalysis, by S. Bernfeld; Etiology of Neuroses, by Erik H. Erikson; Psychoanalytic Therapy, by B. Berliner; The Concept of Transference in Medical Practice, by D. A. Macfarlane; Psychosomatic Medicine, by E. Windholz.

At the scientific meeting of the TOPEKA PSYCHOANALYTIC SOCIETY held April 14, 1945, Dr. Franz Alexander presented a paper entitled, Remarks on the Dynamics of Transference; on May 18th, Dr. Otto Fenichel read a paper, Motives of Defense; and on June 30th a paper was read by Dr. David Rapaport: Time, Space and Causality in the Light of the Psychology of the Unconscious and of Ego Psychology. The three concepts were discussed first, in the light of Kant's philosophy of the pure mind; second, as to their significance and origin in the unconscious, and third, as dimensions of conscious experience and thinking.

The PSYCHIATRY CLINIC under the auspices of The Boston Psychoanalytic Institute, has issued its second annual bulletin in which it says that its patients 'come from four different groups: those discharged from the Armed Forces; those rejected at Induction Stations; war workers; wives and other relatives of servicemen'. Examples of human situations are given in which the Clinic has been able to serve.

The State Hospital Commission, the department responsible for the administration of the mental health program of Michigan, is having its name changed to DEPARTMENT OF MENTAL HEALTH, and a five member, policy determining commission is created. The commission is appointed by the Governor. The commission and the Governor are authorized to appoint a director of mental health for a six-year term. The director shall be a physician legally registered in the State of Michigan with at least ten years' experience as a psychiatrist in the treatment of mental diseases, administration of mental hospitals and mental health programs.

The INSTITUTE OF GENERAL SEMANTICS has announced its second annual seminar workshop course in non-aristotelian methodology and general semantics from August 13th to September 1st.

An American Sociometric Association has been founded and its first officers were elected by means of a sociometric poll. Officers of the Association are: President, J. L. Moreno; Secretary, Helen H. Jennings; Treasurer, George A. Lundberg; Counselors, Gardner Murphy, Ronald Lippitt and Zerka Toeman. The aim of the Association is to provide a meeting point for the various social science associations as a center in which their mutual research interests can be promoted. The address of the Association is Room 327, 101 Park Avenue, New York 17, N. Y.